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ABSTRACT

The California Child Care Initiative is a collaborative program with the objective of increasing the supply of licensed quality child care in the state to better meet demand. This handbook provides family child care providers with guidance in implementing and maintaining a family daycare operation. The handbook provides articles, sample forms and worksheets, and handouts in the following areas: (1) "Getting Started," including self evaluation, state licensing, and leasing, zoning, and handicapped accessibility restrictions; (2) "The Business of Family Day Care," including setting fees, business planning and bookkeeping, liability insurance, working with an assistant or substitute, and professionalism; (3) "Working with Parents," including interview and trial period, what a parent expects from a provider, and contracts; (4) "Health and Safety," including fire and earthquake safety, hygiene, common childhood and contagious illness, first aid, HIV, and disabilities and special needs; (5) "Food and Nutrition," including planning menus, feeding infants, choking, food allergies, nutrition education, and snacks; (6) "Working with Children," including developmental characteristics, sexuality, school-age children, play, arranging space, toys and equipment, movement, science field trips, toilet training, and television; and (7) "Further Resources," including family day care associations. (HTH)

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Family Day Care Handbook

5th Edition (1993)

A Publication of the
California Child Care Initiative

Prepared by the
California Child Care Resource and Referral Network

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If you are confused by anything you read here, need more information, or have reason to believe that the information contained in this Handbook is no longer current or is not specific to your state or locality, check with your local child care resource and referral agency, your licensing authority, or whatever other resource is appropriate for the type of information you are seeking. Neither the authors nor the publisher make any guarantees regarding the outcome of any uses to which you put this Handbook.

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The California Child Care Initiative

THE *CALIFORNIA CHILD* Care Initiative is a collaborative program, researched and designed by BankAmerica Foundation, with the objective of bringing the supply of licensed, quality child care in the state into better balance with the rapidly growing demand. An alliance of corporations, foundations and the public sector has provided funds for the Initiative.

The program components and publications of the Initiative have been developed by the California Child Care Resource and Referral Network, a non-profit organization serving the 65 resource and referral agencies (R&Rs) throughout the state. Founded in 1980, the Network maintains regular contact with all public and private sectors of the child care community. In addition to giving training and technical assistance to the project R&Rs, the Network's role in the Initiative includes program management, monitoring and evaluation.

Although a major function of child care R&Rs is to refer parents to caregivers, many R&Rs recruit and train child care providers, and others offer information on how to start new programs for children. The Initiative seeks to improve the child care supply-building capacities of R&Rs.

Since 1985, the Initiative has funded 34 agencies in 29 California counties to recruit and train family day care providers. The Initiative model is also being replicated in Michigan and Oregon.

Major funding partners for the statewide and local Initiative project include:

> *Ford Foundation, Mervyn's, American Express Philanthropic Program, Pacific Telesis Foundation, BankAmerica Foundation/Bank of America, Smith Richardson Foundation, Wells Fargo Foundation, Chevron U.S.A., Inc., James Irvine Foundation, David and Lucile Packard Foundation, Pacific Gas and Electric Company, GTE California, California Community Foundation, the State of California and the U.S. Dept. of Health and Human Services.*

Introduction

WHEN MOST PEOPLE think of "day care," they picture a day care center or a nursery school - a large, "institutional" program of some kind, perhaps in a church building or community center.

Yet family day care - the care of children in a home environment other than their own - is the most widely used form of day care in the United States. Almost half of the families that need day care for more than 10 hours a week use family day care.

By 1995, perhaps 75% of all women in the U.S. with children under age six will be working. The need for dependable, high quality child care will therefore continue to grow. Most recently, there has been a dramatic increase in the number of working mothers with children under age three, and so there is a special need for good infant and toddler care.

Parents choose family day care for many reasons:

- greater availability;
- lower cost;
- a feeling of extended family and home-away-from-home which is harder to find in a center environment;
- the ability to keep brothers and sisters of different ages together during the day, which can increase the feeling of being "at home";
- a more flexible schedule and informal structure;
- the intimacy of a small group of children;
- and perhaps most of all, the special bond a child will develop by having one primary caregiver.

We have put this Handbook together for you because we recognize how important family day care is, and what a special person it takes to do the job well. Family day care can be very hard work, with long days and very little time to take a quiet break for yourself. It can also be an isolating job - there will probably be days when you will want to reach for the phone just to hear an adult voice!

Inside this Handbook you will find helpful tips based on the experiences of family day care providers throughout California and throughout the country. We have chosen the three-ring-binder format because we know that in child care work, learning never ends. There's room to add your notes, ideas and any new readings and resources you collect along the way.

Everyone was once a child. Everyone has needed the patient, loving help of a caring adult. This Handbook is for you, because caring adults need loving care too! ■

Credits

W*E WOULD LIKE TO THANK* the following individuals and organizations for their kind permission to reprint and include materials in this Handbook:

American Academy of Pediatrics, Elk Grove Village, IL, for: "1992 Family Shopping Guide to Car Seats."

American Red Cross, Washington, DC, for: "Get Medical Help Immediately!" from *American Red Cross Child Care Course 1990*, and "Children, Parents and HIV."

Nancy Andreasen, Aptos, CA, for: "Learning Through Moving" and "Science Lessons for Young Children."

Bank Street College, New York, NY, for: "TV: When to Turn It On - and Off" by Judy David.

Ballantine Books, A Division of Random House, Inc., New York, NY, for: "Toilet-Teaching" from *Parents* by Joanna Cole and Alice Siegel.

Dan Bellm, California Child Care Resource and Referral Network, San Francisco, CA, for: "Setting Your Fee," "Working With an Assistant or Substitute," "Accepting a New Family: Pre-Placement Visit, Interview and Trial Period," and "Caring for Children of Different Ages."

Christine Berman, San Anselmo, CA, for: "What Should We Be Feeding Children?," "Planning Menus," "Now That You Know What to Feed Children, How Can You Get Them to Eat It?," "Feeding Infants," "Keeping Foods Safe to Eat" and "Nutrition Education for Children."

BANANAS, Inc., Oakland, CA, for: "How to Write a Disaster Plan for Family Day Care," "Selling Your Family Day Care Program to Parents," "Raising Rates Without Raising Cain," "Safety Factors to Check for in a Family Day Care Home," "Family Fire Safety," "Earthquake Safety Rules for Parents and Child Care Providers," "Promoting Health and Hygiene in a Child Care Setting," "Common Childhood Illnesses," "Exposure Notice" and "Simple Sun Experiments for Children."

Bull Publishing Co., Palo Alto, CA, for: "How to Survive Mealtimes," "George Won't Eat His Broccoli? Melissa Won't Even Look at a Snow Pea? Here, Try This...," "Choking on Foods" and "Allergies" from *Meals Without Squeals* by Christine Berman and Jacki Fromer, and "How Do Children Learn About Nutrition" and "Teaching Children About Cultural Diversity" from *Teaching Children About Food* by Christine Berman and Jacki Fromer.

California Sudden Infant Death Syndrome Program, Berkeley, CA, for: "Sudden Infant Death Syndrome."

Child Care Law Center, San Francisco, CA, for: "The Family Day Care License," "Your Day Care Home: Deed and Lease Restrictions; Fire, Building and Zoning Ordinances; and Access for the Disabled," "Business Planning and Bookkeeping for Your Family Day Care Home," "Your Tax Obligations," "Insuring your Program: Liability Insurance," "Insuring Your Program: Vehicle and Property Insurance," "Obtaining Loans for Your Family Day Care Business," "Collecting Fees Owed: Using Small Claims Court," "Child Care Contracts: Information for Providers," "Legal Aspects of Caring for Sick and Injured Children," "Caring for Children with Special Health or Developmental Needs," "Ask Your Lawyer: Part 1: Reporting Child Abuse" and "Ask Your Lawyer: Part 2: The Aftermath of Reporting Child Abuse."

Childcraft Education Corporation and National Council of Jewish Women, New York, NY, for: "Guide to Equipping Your Program."

Children's Foundation, Washington, DC, for: "Helping Children Love Themselves and Others" and "10 Quick Ways to Analyze Children's Books for Racism and Sexism" from *Helping Children Love Themselves and Others: A Professional Handbook for Providers*.

BEST COPY AVAILABLE

Community Coordinated Child Care, Madison, WI, for: "Sexuality" and "Pleasing to the Eye and Ear: A Guide for Assessing the Physical Environment."

Cooperative Extension Service, Iowa State University, Ames, IA, for: "It's a Family Business," "Idea Exchange," "Health and Safety" and "Guidance and Discipline" from *Family Daycare Exchange*.

Fairfax County Office for Children, Fairfax, VA, for: "Developmental Characteristics" and "Arranging Space."

Janet Gonzalez-Mena, Suisun, CA, for: "Toddlers: A Very Special Age Group."

Gryphon House, Mt. Rainier, MD, for: "What Toys Do I Need?" and "What are Appropriate Music Activities for Young Children" from *Home Centered Care: Designing a Family Day Care Program* by Ronda Garcia.

Gary J. Kinley, Ed.D. and Delores Williams, California Child Care Resource and Referral Network, for: "Professionalism in Family Day Care."

Massachusetts Office for Children, Boston, MA, for: "Guide for Family Day Care Providers on Caring for Children with Disabilities."

Mayfield Publishing Co., Palo Alto, CA, for: "Infant Center Curriculum" from *Infancy and Caregiving* by Janet Gonzalez-Mena and Dianne Widmeyer.

Kathy Modigliani, Ann Arbor, MI, for: "Is Family Day Care a Good Job for Me?" and "Family Day Care Self-Evaluation" from *Opening Your Door to Children: How To Start a Family Day Care Program*, by Kathy Modigliani, Marianne Reiff and Sylvia Jones, and "Full Cost of Quality Worksheet."

Quality Child Care, Inc., Mound, MN, for: "A Parent's Point of View - What I Want from My Family Day Care Provider" by Karen West, from *Family Day-to-Day Care*.

Redleaf Press, St. Paul, MN, for: "Prevent Infant Injuries," "What's Fair for Sick Care?," "First Aid for Choking Infants," "Remind Parents that Their Child is Learning" and "Read to Me, Please!" from *Family Day Caring*, and "Apples Are For Biting, Not People" from *So This Is Normal* by Audrey S. Robertson.

June Sale, UCLA Child Care Services, Los Angeles, CA, for: "TRUST."

San Francisco Child Abuse Council, San Francisco, CA, for: "Child Abuse and Neglect: Physical/Behavioral Indicators."

Scholastic Inc., New York, NY, for: "Contagious Illnesses: What You Should Know" from *Scholastic Pre-K Today*.

School Age Notes, Nashville, TN, for: "The School-Age Child in the Family Day Care Home" and "What are School-Age Children Like AND HOW Can You Provide for their Needs?"

Statewide Comprehensive Injury Prevention Program, Boston, MA, for: "Poisonous Plants ... Safe Plants."

Texas Department of Human Services, Austin, TX, for: "Back Care for Caregivers," "Helping Children Master Separation" and "Biting: Just Say 'NO!'" from *Texas Child Care Quarterly*.

University of California Cooperative Extension, Berkeley, CA, for: "Coping Creatively," "Meals and Snacks," "Helping Children Grow Through Play," "Toys and Games for Babies," "Toys for Toddlers," "Language Development," "Helping Young Children Get Along Together" and "Guidance and Discipline for Young Children."

Valley Oak Children's Services, Chico, CA, for: "Field Trip Guide for Young Children."

Getting Started

THIS *SECTION OF THE* Handbook contains the information you need in order to start a family day care service in your home. We have included articles on the state licensing process and the regulations which apply to family day care.

Family day care licensing in California, as in many states, is largely a matter of determining that a home is safe and that a provider is prepared to handle emergency situations. You will find in this section a checklist to help you make sure that your home complies with safety regulations, and a guide to writing a "disaster plan" for your home as required by law.

But starting a family day care service is not just a matter of rules and regulations. It's a very personal decision which will affect your home and family, and perhaps your neighborhood. Take the Self Evaluation "test" which we have included.

Consider some of the suggestions which other providers from around the country have offered, based on their own experience, about how to make the transition smoother for everyone.

Once you've decided that family day care is right for you, you can rest assured you're not alone. This Handbook also contains information on the many resources available in the community, including:

- child care resource and referral agencies, which can assist you as a provider and can refer parents to your program;
- local family day care associations, in which providers get together to socialize and share information; and
- organizations which support family day care providers.

You will find suggestions on adapting and rearranging space in your home for day care, in the section "Working With Children."

Another question frequently asked by people starting out in family day care is, "What do I call myself?" In this Handbook we have used the terms "family day care provider" and "caregiver." Some people define themselves as "day care moms," "teachers" or "babysitters." All of these terms have a slightly different meaning, but you should feel free to choose one that feels most appropriate to you. ▪

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"How to Write a Disaster Plan for Family Day Care" 47
by BANANAS, Inc., Oakland, CA

Further Reading

All About Home Daycare, by Canadian Mothercraft Society. 32 Health St., West, Toronto, Ontario M4V 1T3.

BANANAS' handouts and publications:

- *How to Get Licensed to Do Family Day Care*, (available in Spanish, Chinese or Vietnamese)
- *Parent and Child Together in Family Day Care - Will It Work For Me?*

by BANANAS, Inc., 6501 Telegraph Ave., Oakland, CA 94609.

Caring for Other People's Children: A Complete Guide to Family Day Care, by Frances Kemper Alston. University Park Press, 300 N. Charles St., Baltimore, MD 21201.

Caring for Young Children, (video and viewers guide), by Lee Dunster. Redleaf Press, 450 N. Syndicate, Ste. 5, St. Paul, MN 55104.

Child Care in a Family Setting; A Comprehensive Guide to Family Day Care, by Vijay T. Jaisinghani and Vivian Gunn Morris. Family Day Care Associates, P.O. Box 37, Cheltenham, PA 19012.

Creative Curriculum for Family Day Care, by Diane Trister Dodge and Laura J. Colker. Teaching Strategies, Inc., P.O. Box 42243, Washington, DC 20015.

Family Day Care: A Caregiver's Guide, by Lee Dunster. Child Care Providers Association, 2527 Baseline Rd., Ste. 204, Ottawa, Canada K2C 0E3.

Family Day Care Education Series, by Thelma Harms, Debbie Cryer, et al. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, CB No. 8040, Ste. 300, NCNB Plaza, Chapel Hill, NC 27599-8040.

El Comienzo/Getting Started Kit, by California Child Care Resource and Referral Network, 111 New Montgomery St., 7th Fl., San Francisco, CA 94105.

Esto Es Familiar: Una Guia Para Cuidado Infantil Hogareño/It's a Family Affair: A Guide to Family Day Care In Your Home, by California Child Care Resource and Referral Network.

Family Day Care: How to Provide It in Your Home, by Betsy Squibb. Harvard Common Press, 535 Albany St., Boston, MA 02118.

Family Day Care Providers Management Guide, by Clare Cherry and Barbara Harkness. Available through Redleaf Press.

Family Day Care Training Materials, by Child Care Partnership of Dallas, Inc., 1820 Pegal Row, Ste. 100, Dallas, TX 75235.

Heart to Heart Caregiving, by E. Sandy Powell. Available through Redleaf Press.

Home Centered Care: Designing a Family Day Care Program, by Ronda Garcia. Gryphon House, P.O. Box 275, Mt. Rainier, MD 20712.

Louise Child Care Family Day Care Series: An Interpersonal Approach to Child Care, by Louise Child Care Center, 336 S. Aiken Ave., Pittsburgh, PA 15232.

Open Your Door to Children: How To Start a Family Day Care Program, by Kathy Modigliani, Marianne Reiff and Sylvia Jones. Natl. Assoc. for the Education of Young Children (NAEYC), 1834 Connecticut Ave., N.W., Washington, DC 20009-5786.

Spoonful of Lovin': A Manual for Day Care Providers, (video and guide), by Agency for Instructional Technology, Box A, Bloomington, IN 47402.

Start Your Own At-Home Child Care Business, by Patricia C. Gallagher. Doubleday Dell Publishing Group, Inc., 666 Fifth Ave., New York, NY 10103.

Techniques in Child Care - Planning and Operating A Quality Family Day Care Home, (48 minute video). Natl. Assoc. for Family Day Care, 725 Fifteenth St., N.W., Ste. 505, Washington, DC 20005-2109.

Tips and Tidbits: A Book for Family Day Care Providers, by Janet Gonzalez-Mena. Published by NAEYC.

Two to Four from 9 to 5: The Adventures of a Daycare Provider, by Joan Roemer as told to Barbara Austin. Available through Redleaf Press.

When You Care for Children, (available in Spanish), by Texas Dept. of Human Services. P.O. Box 2960, Austin, TX 78769.

PART 1. DECIDING TO START

Is family day care a good job for me?

For some people, taking care of young children is a dream come true. For others it can be a nightmare. Use this self-evaluation to help you think about your personality and situation, and whether you will be likely to succeed as a family day care provider. Continue reading this section after you have completed the self-evaluation.

Factors to consider

Maybe you just know that a career as a family day care provider is right for you. Perhaps you are still unsure. Maybe you need more time to talk to other providers, visit their homes, and think a bit more about it. A good way to try out this kind of work is to assist or substitute in another home. In the process of visiting others, you will learn about your special preferences for how you want to set up your own home.

Many people find it helpful to keep a list of all their questions and concerns over a period of time and then to talk with other providers about them. These questions will help you start your list:

What ages of children will you take?

How many children?

During which hours will you provide care?

What fees will you charge?

Will you take children with special needs?

Which rooms of your house will you use for your program?

Will activities be planned, spontaneous with backup ideas and ready materials, or some combination of the two?

Will you prefer to work alone, or with another caregiver, or as a partner with a neighbor-provider?

How will your family be affected?

While there are many steps in making the decision to start, you can make it with confidence if you carefully consider each step. The experience of other providers is invaluable—if you have doubts, talk to others who are familiar with the details, attend a meeting of providers, and/or attend college or community training classes or conferences.

To find out the names of providers in your community, contact a local child care referral agency if you have one. If not, contact the state or local agency responsible for child care licensing or registration. See the Appendix for a list of groups that may be able to help you identify provider groups near you.

Evaluate your potential

Family day care self-evaluation

This rating task will help you decide whether being a family day care provider would be a good job for you. It looks at many characteristics of successful providers. These characteristics were selected on the basis of conversations with providers and referral agency staff members and on research.

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FAMILY DAY CARE SELF-EVALUATION

DIRECTIONS: Think about each trait and how you would rate yourself on it. Then put an X at the place on the line that shows how much you feel you have that trait. For example, if you strongly agree, put an X on the far left. Put your X on the far right if you strongly disagree.

STRONGLY AGREE	MILDLY AGREE	NEUTRAL	MILDLY DISAGREE	STRONGLY DISAGREE

1. I enjoy children very much, and think I could work well with them hour after hour.

2. I am a flexible person who can usually figure a way out of any problem.

3. I have good common sense, and handle emergencies well.

4. I am generally warm and affectionate.

5. I am fairly organized, and able to keep financial records.

6. I do not mind my house being messy sometimes. I can put the children's needs before my housework.

7. I am willing to rearrange the furniture in some rooms of my house to accommodate toys and play equipment.

8. I tend to take life lightly, and have a good sense of humor.

9. I usually appreciate my own accomplishments, even if others do not.

10. I am in good health and have lots of energy.

11. A home child care program is acceptable to each member of my family.

12. I would enjoy talking to parents about their children and our day together.

13. I usually speak up when I have a problem with someone.

14. I accept children as they are, and feel a deep commitment to them and their parents.

15. I am able to guide and discipline children kindly and effectively.

16. I expect to offer family day care for at least 2 years, and I will be able to arrange substitute care when needed.

17. I can handle financially difficult times, or I have financial security to fall back on for a few months while I get started.

HOW TO EVALUATE YOUR RESPONSES: If nearly all of your Xs are on the left side of the page (under *agree*), then you will probably find family day care a very satisfying job. If, on the other hand, many of your Xs are on the right side of the page, you may find that this is not the right job for you. If you have a few *disagrees*, but they are not strong ones, then you might decide that you can make special efforts in those areas.

How do you feel about working mothers? Many people in our culture believe, deep down, that a mother should stay at home with her young child; a growing number feel that both parents should share child care responsibility. Working parents often feel guilty about leaving their children in another's care. You may find this feeling behind some of the things they say and do. For example, parents may express resentment at the closeness between you and their children.

Ironically, many family day care providers also really believe that mothers should stay home with their young children. In fact, that is why many of them became providers—to stay home with their own child or children. You may find this feeling behind some of the things you say and do, too! For example, you may resent how busy the parents are.

Whether conscious or unconscious, this attitude will interfere in your relationships with working parents. Do you think children younger than a certain age should not be in care? If you do, perhaps you should not take children younger than that, or for more hours than you think they should be in care. You should sort through your values on these issues before you start talking to parents about enrolling their children. Ask yourself how your negative attitudes might affect your work with children or parents. If you are unable to accept and respect their lives and their choices, you may want to select another type of work.

Your family, your home, your neighbors

Your family

Families have different ways of bringing child care into their homes. Sometimes every person in the house is an important member of the home child care family. Marie is assisted by her husband, her children, her grandchildren, and a niece. Sometimes couples run their program together, and are equally involved. Sometimes the children become part of your extended family.

In other families, one person is the provider, and others in the family are not very involved with the program. Often some of the family's rooms are closed off to the child care children, and equipment is stored out of sight after they leave. Christine wants to make a home for her family (husband and teen-aged twins) separate from her child care program, so she puts away most of the children's equipment every night—and she puts *all* of it away on weekends!

Although it is difficult to offer a program in your home if others in your family are not supportive, it can be done *if* careful attention is given, *and* action is taken, to deal with problems when they arise.

Before you decide to begin a home child care program, you should talk frankly with each member of your household about your plans, how their lives will be affected, how they can help and support you, and about what they would like from you in return. Sometimes a provider neglects this important planning step, goes to the effort of starting a program, and then changes her mind because it does not work for her family. *Be sure that everyone in your family will at least try to accept your decision, if not actively support you.*

It is also important for you to think about what limits you want to set to keep your work from spilling over too much into your family and personal life. Your spouse or other household members may be concerned about the children's comings and goings, phone calls after hours, clutter, noise, being asked to help with the children or the income tax forms, and you being more tired than you used to be. Your children may be worried about whether you will still have enough time and love for them when they see you caring for other children. (Your spouse might wonder about this, too.)

All family members should have individual private space where their things will not be disturbed by the children in your care. To help you anticipate their feelings, you might think about how you would feel if strangers were going to start sleeping in your bed and using your personal belongings!

Your children

Many people considering family day care as a profession are parents who see this work as a way to be at home with their own children. In this situation it is important to consider other issues that may arise and make plans to deal with them. Starting a program will bring change to your children's lives, just as your starting any new job would. There will be a period of adjustment, feelings to cope with, and perhaps behavioral changes to consider. Not only is it hard to share toys—it is especially hard for young children to share their parents. Your child will see you cuddling other children and paying special attention to them.

The way you present the idea to your children is critical. If you make your decision carefully, and are positive and self-confident, your children are likely to trust you to help them make a smooth transition. They very well may not like the changes right away, and may express negative feelings about them. They should not feel pressured to give approval or to make decisions that they are not capable of making. Here are some specific points to think about:

Developmental stages: Consider the specific ages and developmental needs of your own children, and how your work with other children will relate to what they are already experiencing. If you have a new baby, you may want to wait until the baby is settled and you know her or his routines before you introduce new ones. A 2-year-old who is not ready to share toys will do better if there are plenty of duplicate toys. A 4-year-old intent on self-fulfillment may not like the new rules, and will need well-timed, careful explanations and reminders. Teen-agers used to roaming freely through the house need to know your expectations for how they should interact with the children in your care.

Sometimes young children are confused about change because they cannot understand it. They might think that if the other children are going to play with the toys in your house, they will take them home. Or that because they have to share you at some times, they will never have special time alone with you. You can help your own children know what to expect in advance. "I will be taking care of other children, but I am still going to be your mom, Shari, and I will be—no matter what." "The children will come to our house during the day. Then their parents will take them home in the evening. They are not going to live with us."

Communication: Make sure your expectations are known to your children, and your rules and limits are clear. Anticipate any confusing surprises, and discuss them ahead of time. If you visit other providers while they are caring for children, take your own children along so they can see how things work in another home. Listen to what they say to others, to know their concerns and fantasies. Let them express their feelings without worrying about whether you will feel guilty or sad or disappointed in them. Remember the reasons why you decided to offer child care, and convey a positive vision of this new step you have chosen for your family.

Feeling special: Sometimes your children will resent it when you are tending to one of the other children. Try to find ways to let your child know that she or he is special to you, while avoiding making the other children feel like second-class citizens. If your child is old enough to understand, you can explain that child care makes it possible for you to stay home—that you have more time together this way than if you worked anyplace else.

Resentment can sometimes be turned into cooperation if you find a special job for your child: welcoming the other children and parents, entertaining the baby while you cook, or passing out the clay.

Practical considerations: Think ahead about problems that will arise. What will you do if your own child becomes ill? What about summer vacations, and other days when school will be closed? How can you assure a family vacation time? What will you do when your child throws a full-blown tantrum in front of new parents?

Most providers find it best to set aside some toys for their own children, and some that belong to everybody. If you rotate toys every so often, your child can set aside a few toys for private use each time. You can explain that your business helps you earn money to buy more toys.

Children are often concerned that your care of other children will crowd them out. Make sure your children have some space of their own, and that they can control who goes there. Involve your children in introducing the home to new children. Let them explain how the bathroom is set up for handwashing, or what the rules are on the stairs. *Establish a daily special time with each of your own children, and be consistent in making sure that it happens.* If during the day your child resents your involvement with other children, you can remind her or him of your special time that is coming, and talk about what you can do together then.

You will find that other providers are an excellent source for helping you understand what your own children are going through and that they are not alone in reacting that way. Let's look at some problems that have confronted providers we know, and how they solved them.

Problems experienced by real providers

1

I started family day care when my daughter was 2½. I did everything I could think of to prepare her. It was a disaster, like a nightmare case of sibling rivalry. She didn't want the kids to come. She was unhappy, and acted out. I was beginning to wonder if I had made a big mistake getting into this.

Talking to other providers really helped. Two-and-one-half probably was not the ideal time to introduce such a big change, but we had done it and I wanted to keep going. By chance, I started making up stories to tell her at bedtime. I made up stories about Shirley and Shirley's mother who did child care. Shirley was pretty mad about the whole child care thing and she had a lot to say about it. Shirley's mother understood, and just listened, and loved Shirley very much no matter what she did. Sometimes Shirley did angry things, and sad things, and worried about things, and said awful things to her mother.

My little girl really got into these stories. She asked for them every night. "Tell me about Shirley—mad." Almost from the beginning her tension eased. Through the stories I was able to give words to her feelings, legitimize them in a safe way, and reassure her. After a while, Shirley started showing a more positive attitude, but I never made her sugary or perfect. It's been 6 months now, and the Shirley story requests are usually crowded out by Little Bear and the Muppets. Things are going great, and my little girl really has fun with the other children and all the activities.

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2

My daughter goes to kindergarten with two other children who come to my child care. Every afternoon they would all rush off the bus and race in to see who could be the first to tell me what happened at school. My little girl was always last, and became more and more upset.

I agonized over this one. She really needed me to listen to her after school, but I wanted to be fair and meet the needs of the other children as well. After thinking about it, I realized that this was a time where my daughter had to come first, so I put her first. In a nice way I explained to the other children that I was Kate's mommy and that she needed to be able to tell me about school first. I reminded them that they would get to tell their parents all by themselves, and got them started with their lunch before Kate and I talked. Within a few days we had it worked out. After Kate finishes I listen to the other children. Sometimes I get the same story, but that's OK. I felt that it was important to be there for my own child, and found that I could be there for the other children in a good way, too.

3

My home is very small, and to have enough play space I need to use my son's room for some play and especially for naps. As he got older he began to resent this, and we had some awful scenes about it.

Because we couldn't build on a room for my son to have all to himself, I got creative in thinking about his space. I got the idea of a loft from another provider. We built a loft in my son's room that is totally his space. I put the ladder up during the day so no one else can go there. He takes all his special toys up to his loft. It's so crowded I don't know how he sleeps, but he loves it. Soon we're going to build a shelf for some of the toys. The underneath is welcomed extra space for play. Now that he is older, I also pay him "rent" for the use of his room. It's just a little money, but the principle, and the money, really appeal to him.

4

About when my son turned 3, naptime became a nightmare. I'd been doing child care for several years, but he was at an age when he did not want to nap, and he used that time to get into a power struggle with me. We would argue, sometimes he'd wake the babies, and things would get worse. I was getting angrier and angrier. I tried everything to get him to sleep or just to have a quiet time—nothing worked.

Finally I thought, what would happen if he didn't nap? This was hard for me even to consider, because I really looked forward to those couple hours to put my feet up and get myself together. But I had to try something. He thought it was a great idea. He helped me put the other kids down, and really looked forward to our time alone. We would snuggle up on the couch and watch television or color. I liked it too. Sometimes he gets so comfortable and relaxed he falls asleep! I can't believe how well it worked out.

The issues that come up around our own children are deep and from the heart. It helps to remind ourselves that a moderate amount of manageable stress can be constructive for children, especially if they are allowed to talk about their frustration. They learn to cope with new situations, and are more adaptable in the long run. Family day care can be a fun and happy experience for your own children. It takes thought and practice, but it's worth it.

Your home

Different families also find a variety of ways to set up their homes. Some use all their rooms for the program, others use only certain rooms. Some change their whole house around. Liz cut off the legs of her dining room table so it would be the right size for little chairs—now adults sit on floor pillows. The important thing is to decide how much of the young children's environment you all can live with, and when it is better to make the effort to limit the influence of child care on your personal lives.

Nancy P. Alexander

Try to find ways to let your child know that she or he is special to you, while avoiding making the other children feel like second-class citizens.

You will be much more successful if your space is attractive, large enough, and comfortable. An unfinished basement is not very satisfactory as the only space for children, but it can be perfect for lively or messy activities. This is another aspect of planning you might want to discuss with other providers before you make your decision.

The changes you make are not permanent. If you are flexible and willing to experiment, you can learn what will work for everyone.

Your neighbors

Your first step in making sure your business will be welcomed in your neighborhood is to determine whether there are any pertinent zoning or other restrictions with which you must comply. Perhaps a homeowner's association convenant excludes home child care programs. Make sure you can indeed do this kind of work in your home before you begin to plan your program.

Experienced providers agree that it is important for you to talk with your neighbors before you begin, just as it is important

15

to talk to your family members. Sometimes a provider begins family day care, then later gives up because of neighbors' opposition. Here are some examples of the kinds of problems that may arise:

- Neighbors are generally rude to parents and ask them not to park in front of their houses or turn around in their driveways.
- You are expected to be the neighborhood babysitter. Neighborhood children drop over whenever you are outside—"What's the problem with watching one more child?"
- Someone, in a conversation about balancing work and family life, asks you what it is like not having a job.
- A group of neighbors meet, without you, to discuss ways to force you to close.

Unfortunately, some people believe that child care should not occur in their neighborhoods. Children's advocacy groups are raising the question of where young children do belong, if not in neighborhoods. Some families have as many children as providers care for! On the other hand, a situation with children shouting in the next yard and extra traffic and parking problems on the street would not be anybody's favorite house next door.

Explain to your neighbors your reasons for wanting to start a home child care program. Tell them what precautions you are taking to ensure that they will not be unduly inconvenienced. Assure them that you want to hear about it if they are being bothered by your business, and that you will make every reasonable effort to resolve problems that come up.

Invite your neighbors to come and see your home soon after you begin. Be thoughtful about putting away yard toys in the evening. Perhaps you have an older neighbor who could become a "foster grandparent" for your program. Sometimes the neighborhood children can be included in your activities. The neighborhood may become a strong support to you, and your community may become closer because your program offers a central focus.

"Why I started a family day care program"
Stories from four providers

1

My first little boy was about 6 months old when I started taking care of a friend's 3-year-old. She was on AFDC so I had to get licensed so I could get reimbursed. Pretty soon I had six 2-year-olds. Then I got down to fewer children when I had my other two. When they got older, I got two sets of twins, and then they had another child, so I became licensed as a group home.

My husband doesn't go to work until 2:30 in the afternoon, so he helps me—we're co-licensed. We've met other couples who do child care together at Association for the Education of Young Children conferences.

I'm not sure how much longer I want to keep doing child care. My son might be going to preschool next year. I might work in a center, or in our public school.

Ruth Booth

2

When I started thinking about opening a family day care program, I saw a lot of parents' heartaches because they could not find care. I wanted to offer quality care. Because we had just moved, I wanted Tisha and Anthony, my children, to be more ad-

Characteristics of successful providers

- They have good health and a lot of energy.
- They like to be around children, and enjoy playing with them. If some ages are more appealing to you than others, you can specialize in infants and toddlers, or school-aged children, or any age in between.
- They like to be at home and may be proud to call themselves "homebodies." But they also like to be around other adults.
- They excel at the challenge of making the most of limited resources.
- They enjoy thinking up new things to do with children.
- They are curious about people and the world, and know where to find out what they don't know.
- They are organized enough to keep financial records and to have food in the house.
- They are aware of their own shortcomings, understanding that almost every person is offended by some human behavior, such as smelly diapers or whining. They overcome their negative feelings so they can work constructively with each child.

justed before I started working away from home.

I wondered about how the program would affect my family. Would I want young children all day, 5 days a week? I wondered if the child care children would work into my environment, if my children would get along with them.

If there is a significant other or husband, the provider needs to think about how they'll deal with toys being everywhere, and the diapers. Also how the provider can have time for herself. You could go whacky without other adults. It's important to network, to call other people. Right now my husband is my closest support. Usually I talk to him by phone every day just to keep me going until he gets home in the evening.

Laverne Jackson-Barker

3

I became a child care provider when I became pregnant, to support my basic belief that very young children need to be around their mothers; to explore my lifelong interest in human development; and to fulfill my desire to establish myself as an independent businesswoman.

Joan A. Kauffman

4

Mom raised us kids. I want to raise our kids at home. When Jason was 8 months, a friend needed someone to sit for her two daughters at their house. It was a way of watching Jason and making some money.

After a couple of years we moved, and it was easier for her to drop the girls off at our house. It just snowballed, watching friends' children.

In the meantime, I met Janet (another provider) when I moved here, and she said, "You should get licensed. Stop fooling around." I'd been taking children whenever they showed up, and having different rules for my friends. The children were sick a lot, so I didn't get paid when I had planned on the money.

Before it was haphazard. Being licensed, I've gotten down to business. I've been charging better rates, and going to the Day Care Homes Association, and taking the classes. Now I have so much more to offer the children — I'm always getting new ideas.

Karen Jania

it's a family business

A "family daycare home" involves the family. There's just no way of getting around it.

Your business is bound to touch the lives of your family. And, indeed, the family and home setting is one of the big bonuses you have to offer parents.

But problems are bound to arise as in any other business. And sooner or later some of those problems may have to do with your family.

Your spouse may resent the fact that you are always too tired to spend time in family activities. Maybe he or she is tired of coming home from work to a playschool littered with toys and crowded with parents who are there to pick up their children. Your own kids may resent having to share their toys and your attention with the daycare children.

It's difficult to enjoy your work when your business upsets your family. So right from the beginning, it's best to talk honestly and openly with family members. Encourage them to let you know how they feel and discuss those changes that might be expected in your family schedule and the arrangement of your home. Make sure they know that running a daycare will involve lots of your time and energy.

Explain that you will be bringing in extra money for family purchases. And, by working in the home, you will be more available to your family than you would be if you took an outside job.

Let them know that your job responsibilities will not interfere with your special relationship with them. But explain that there are trade-offs too. You may have less time for all those tasks you used to perform around the house, so family members will need to help out by doing chores in the home you *all* share.

Tell them that they contribute to the "family" business even by doing such simple things as sharing meals with the children or making the youngsters feel welcome. Your family may even want to help you prepare for the daycare children by looking through magazines for pictures to use in the kids' art projects.

Sometimes you can plan special activities which also help contribute to the family business. But remember, if you have your own children at home, there will be many times when they will need you as a parent to satisfy their own needs. So try to make your time with your family count for more.

sharing that "special" love

Even if they don't say it, your own children are bound to feel slighted or neglected at times when you're busy caring for the daycare children.

So if you can, find some special way to show your own children that they are *special* to you. Perhaps you could smile at them or stroke them in a way reserved just for them--if you can do this without hurting the feelings of the other children.

Give your kids lots of affection, too, when the daycare children aren't around. You can do this by spending time alone with them--maybe taking a walk around the block each evening.

Tell your children in a *direct* manner that you feel very lucky because they don't go someplace else at night and that means you can have more time to be together.

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idea exchange —

your comments and questions

Q My daughter won't share any of her toys with the daycare children. What can I do? I can't afford to buy all new toys for the other kids.--"Frustrated"

A Sharing can't be forced, but sometimes it can be helped along. Your daughter may feel more like sharing if and when she learns to like the other children, for it's much easier to share toys with friends instead of strangers.

You can help promote sharing by planning activities that involve kids in doing things together--like planning a puppet theatre or role-playing jobs. Set up activities in which the kids must count on help from one another to complete a project. For instance, you could assign a different step of a recipe to each of them.

Remember, too, that your daughter should not be expected to share *everything* that belongs to her. Talk things over with her, outside of daycare hours. Try to explain that because the other children visit your home, you have extra earnings to buy some toys that otherwise might not be there. Talk to her about the need to have some toys for the other kids to play with. You might even take your child shopping to pick out toys for the daycare children.

Let your daughter decide on a few special possessions which will be reserved for herself. Put these items in a private spot where your child knows the toys will be waiting for her to play with when the other children aren't around.

Q By the end of the day, I'm beat. I can hardly wait to crawl into bed. But it seems like there are always household chores left to do. How can I get my family to help out?--"Tired"

A First, it's important to help your family understand that you are running a business which takes time and attention, and just because you run that business at home does not mean you have time to do all the chores expected of a full-time homemaker.

Show family members how your work benefits them: You bring in money for basic expenses and, in some cases, for things your family would not otherwise buy. And, you are at home when your children need you.

Tell them you'd like to spend time with them when you can be relaxed and happy, but to have those special sharing times you can't be working all the time at two jobs--child care and homemaking. Then ask your family to share in the responsibilities of caring for the home.

Sometimes it's helpful to list what needs to be done, what you get done during the day, and what chores need to be shared. That will give family members some idea of the *real* size of the homemaking job. Then sit down with them and plan a work schedule.

If you were a full-time homemaker before beginning your daycare, it may be especially hard for your spouse and children to understand why they are suddenly being asked to share household duties. But remember, in the past, homemaking was a job you decided to take on--hopefully because you wanted to--and not because it was automatically the woman's or mother's job. And now you have a new job, as daycare provider. So it's only reasonable to expect the homemaking chores to be split up among those persons who benefit from the services.

THE FAMILY DAY CARE LICENSE

By the Staff of Child Care Law Center

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Women have been taking care of each other's children in exchange for money or other items for centuries. Under California law, doing so requires a license from the state. A license is required any time one person cares for another person's child in the caregiver's home, if the care is provided for more than one other family's children at a time, on a regular basis, and if money is paid for the care.

To obtain a Family Day Care License, you must:

1. attend an orientation meeting;
2. complete the required application forms;
3. submit your fingerprints and the fingerprints of all adults living in your home to the Department of Justice;
4. submit evidence of a current tuberculosis clearance for any adult in the home[1]; and
5. be interviewed in your home by your licensing worker.

These are the basic legal requirements.

Becoming licensed is not difficult, but it can sometimes be frustrating and slow. To make the process as simple as possible, consider the information in this article and talk to the people at the local family day care association and at the resource and referral agency in your community. To learn about licensing in your county, call the licensing office, the day care association, your local resource and referral agency, or your nearest District Office of the State Department of Social Services, Community Care Licensing. Family day care licenses are issued by the State of California through the Department of Social Services (DSS). The state has either set up a district office for licensing in your area, or it pays the county to issue the licenses and enforce the laws relating to family day care.

WHAT MUST I DO TO OBTAIN A FAMILY DAY CARE LICENSE?

Begin the process by calling the local licensing office. The exact procedure varies somewhat from county to county, but these are the basic steps.

1: Orientation

Most counties require that you begin the process by attending an orientation meeting given by the Department of Social Services. At that meeting, you will learn about the scope of responsibility involved in operating a day care facility. You will be told what is legally required of you and what steps you must follow to become licensed. You will be given the necessary application forms, as well as copies of licensing regulations and instructions for appealing an improper decision by the licensing agency.

2: Fingerprints

As a part of the application, the following people must be fingerprinted:

- the provider;
- employees of the provider;
- adults who reside in the provider's home;
- adults who are in regular contact with the children; and
- new adults who move into the provider's home or who come into regular contact with the children

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[1] Usually a simple TB test is sufficient, but sometimes these tests will show a false positive. In that case, a chest x-ray may be necessary. If the tuberculosis clearance poses too much of a financial burden on you, you may be able to get the cost of these tests and/or x-ray waived by the Department of Public Health.

after the license has been issued.

Your local licensing agency will provide the form that you are required to use for fingerprinting, and it is up to you to get the fingerprinting done and to mail it directly to the Department of Justice. The address to mail it to is:

California Department of Justice
P.O. Box 903417
Sacramento, CA 94023-4170

We recommend that you have someone take your fingerprints who has training or is experienced in taking them. If they are smudged or illegible, the prints will be returned and the application process prolonged. If your county does not provide free fingerprinting, the local resource and referral agency may be equipped to do so. The Department of Motor Vehicles, the police, and the Sheriff's Department in each county also provide this service for a small charge. Call first for an appointment.

Your license cannot be issued until all the fingerprints have been checked by the Department of Justice and it has sent the "Criminal Record Clearance" form to your licensing worker. The Department of Justice is required by law to notify your licensing agency of the results of your criminal records search within 15 to 30 days of receiving your prints, depending on the results of the check:

Within 15 days: If all of the adults in your household who were required to be fingerprinted have no criminal record, or if any fingerprints are illegible. If your prints are illegible you will have to have them redone and resubmit them.

Within 30 days: If you or any other person who is required to be fingerprinted has been convicted of any crime other than a minor traffic violation. You are likely to be refused a license by your local licensing office on the basis of the conviction.

The Director of Social Services may grant an exemption from disqualification if there is substantial and convincing evidence that the applicant is of such good character as to justify the issuance of the license. For example, if someone in your household was convicted of driving while intoxicated ten years ago, and since then has had an exemplary driving record, there is a good possibility that you will qualify for an exemption. No exemptions can be granted if the child care provider resides with someone convicted for child abuse or if the provider's conviction was for certain crimes against children or certain violent felonies.[1] For information on how to request an exemption, check with your local licensing agency. The law also requires that the Child Abuse Central Registry maintained by the Department of Justice be checked for substantiated cases of abuse before DSS will grant a family day care license.

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[1] No exemptions can be granted if the conviction was for violation of any of the following California Penal Code sections: 220 (sexual assault); 243.4 (sexual battery); 264.1 (gang rape); paragraph (1) of Section 273a (willful cruelty, unjustifiable punishment or endangerment of a child); 273d (corporal punishment or injury of a child); Section 288 (lewd or lascivious acts with a child under 14); 289 (nonconsensual sexual penetration by a foreign object); subdivision (a) or (b) of Section 368 (infliction of pain, mental suffering or endangerment of health of elder or dependent adults); or Section 667.5 (c) (violent felonies, including: murder, mayhem, rape, sodomy by force, oral copulation by force, lewd acts on a child under 14, felonies punishable by death or life imprisonment, felonies resulting in great bodily injury, residential robbery with a deadly or dangerous weapon, arson, explosion with intent to commit murder, sexual assault with a foreign object, attempted murder, kidnapping, and continuous sexual abuse of a child).

3: Home Visit

After all necessary forms and sets of fingerprints are complete, your licensing worker will schedule a home visit. The home visit can be scheduled while you are waiting for your fingerprint clearance.

At the visit, the licensing worker will check your house to see if there are any conditions dangerous to children and if you are in compliance with the family day care health and safety regulations. For example, the licensing worker will check to make sure that you have a fire extinguisher or a smoke detector in your home, and that all poisonous household supplies are stored in a locked and secured manner. If your home is out of compliance you will be given an opportunity to remedy the situation. If needed, a second home visit will be made to determine your compliance.

4: First Aid Training

By January 1, 1995, all home day care providers will be required to have completed at least 15 hours of training in preventative health practices. This new requirement calls for a minimum of four hours of training in pediatric CPR, eight hours of pediatric first aid, and three hours of training in any of the following areas: control of infectious diseases, childhood injury prevention, sanitary food handling, nutrition, or emergency preparedness. You will also be required to take additional hours of training as needed for maintaining a current certification in first aid, as well as either CPR or basic life support. You can complete your training through your Red Cross chapter, the American Heart Association, your local fire or health departments, or an accredited college. So far, the cost of these trainings is not subsidized or deferred by the state, so, if you live in an area where you can choose between more than one program, it may pay to do some comparison shopping.

Beginning in 1995, licensing application reviews will require a showing of proof of current certification for all of the required training. Any certificates of completion issued by an accepted course, or a certified transcript from your school which identifies the course name(s) and hours of training should be accepted as proof of certification by your licensing worker, as long as your training for first aid and CPR/basic life support is current. If your certification has an expiration date, you will need to renew it before it expires. Be sure to keep proof of any certification you receive for training in these areas.

5: Issuing the License

After the home visit, and a review of your application, the licensing worker will determine whether you meet licensing requirements. Family day care laws specify a maximum of six children for the small family day care license and 12 for the large family day care license. This number includes the provider's own children who are under age 10. Currently, the application fee for licensing a small family day care home is $25 and for a large family day care home is $50. The license will not expire, but an annual fee of $25 or $50 respectively, will be assessed.

HOW LONG WILL IT TAKE TO GET MY LICENSE?

The district office of the Department of Social Services, or any local agency with which it contracts for the licensing of child care facilities, must grant or deny an application for license within 30 days after receipt of all appropriate licensing application materials, as determined by the department, and after a site visit has been completed. The site visit must be completed within 30 days after the receipt of all appropriate licensing documents.

Because it takes 15 to 30 days for fingerprints to be cleared, you may face a two to three month wait from the time you attend your orientation meeting and fill out your application until you receive your license.

CAN I BEGIN TAKING CARE OF CHILDREN WHILE I AM WAITING FOR MY LICENSE?

This question is often asked because waiting two or three months is very difficult when the provider needs the income and so many children need care. However, according to the law, you cannot care for children until the license is issued to you. But while you are waiting for the license, remember that you can care for the children of one other family at a time without needing to be licensed. While this may not enable you to start up your business at full capacity, it will at least allow you to begin to care for some of the children in need of day care. And if you are able to stagger the times you care for the children, you may be able to provide day care for several families during this interim period.

With the exception of providing care for one other family's children, you should not begin caring for children until you have either (1) received the license itself or (2) been given permission to begin by your licensing worker.

Because some licensing offices are understaffed, licenses which have been approved may not be typed and mailed to providers for several days or even weeks. If your license is delayed, ask your worker to give you written or verbal permission to begin providing care during this period of clerical delay. Written permission is better than verbal permission, but may be harder to obtain. If you receive verbal permission, make and keep a record of the date and time of the conversation and of the person giving you permission.

IF I AM NOW OPERATING AN UNLICENSED FAMILY DAY CARE HOME AND DECIDE TO BECOME LICENSED, WHAT WILL HAPPEN?

If the licensing agency discovers, through either your admission or from some other source, that you are operating without a license, you are entitled to a 15-day grace period in which to apply for a license before the state can require you to stop operating. The licensing agency may not start counting your 15-day grace period until they have issued you a Notice of Operation in Violation of the Law. Until the notice has been issued and the grace period has lapsed, the state may neither require that you cease operating nor fine you, unless continued operation threatens the health and safety of your charges.

Once you receive a Notice of Operation in Violation of the Law, or if you decide to apply on your own, the licensing agency is legally required to accept your application, process it as quickly as possible, and allow you to continue operating while the license is being processed. Unlicensed providers can be required to stop operating only if the provider refuses to apply for a license within the 15 days of being notified of the requirement to be licensed, or if it is documented that continued operation will be dangerous to the health and safety of the children.

If your application is denied, you have 10 days to cease operating your day care. If you continue to operate after either grace period expires (15 days to apply, or 10 days after the application was denied) the state can fine you $200 for each day you continue to operate without a license, and can get a court order to close you down. If you feel that you have been improperly assessed a fine, you have the right to appeal the penalty within 10 days after receiving notice of it. But if you continue to operate during the appeal, and your appeal is denied, you will continue to be assessed the $200 a day during the time it takes for the appeal.

What Are The Advantages Of Being Licensed?

Aside from the fact that the law requires you to be licensed, there are many advantages to having a license.

1. Only licensed family day care providers are entitled to deduct their business expenses in full when they pay their income taxes. They are also entitled to deduct some household expenses under business use.
2. Licensed providers can obtain group insurance coverage for their operation.
3. Licensed providers can receive referrals from resource and referral agencies and other agencies.
4. Licensed providers are eligible to care for children in government-funded subsidized programs.
5. Licensed providers can join family day care associations where providers meet and support each other.
6. Licensed providers can use Small Claims Court to collect money owed to them.
7. Parents are increasingly demanding that the places where their children are cared for meet basic health and safety standards.
8. Licensed providers can participate in the Child Care Food Program and receive reimbursements for the meals and snacks they serve to children.
9. Licensed providers are legally protected against most zoning, deed, and landlord restrictions against operating a family day care program.
10. Only licensed child care providers can become accredited or obtain professional credentials.

Are There Any Disadvantages In Being Licensed?

Not if you operate by the licensing requirements. As with any kind of bureaucratic procedure, you may run into some problems and delays in obtaining the license that can be quite inconvenient, but it is well worth your while to persevere. Once licensed, you will, of course, become more visible and known to the authorities. When the licensing authorities know that you are providing child care, they will, of course, make inquiries about your compliance with the regulations. Among a wide variety of concerns mandated by the licensing regulations, you should be prepared for the workers to make inquiries into the number of children you care for, the ages of the children, the number of hours you spend in the home each day, and whether you live in the home or use it strictly for day care. To learn all the requirements, read the California Family Day Care Regulations, which are available in both English and Spanish. They may be obtained from your local licensing agency upon request, and they will also be provided to you during orientation. Your public library or a local law library should also contain a copy of the current regulations.

WHAT ARE THE DISADVANTAGES IN NOT BEING LICENSED?

Besides not having the important advantages listed above, you also run the risk of being discovered by the authorities. This can happen if a parent, a neighbor, or anyone complains to the licensing office about your home. Whenever a complaint is received, a licensing worker is legally required to make an unannounced visit to your home. If the worker discovers that you are unlicensed s/he must issue you a notice requiring you to apply for licensing within 15 days, and if you do not, to cease taking care of children after the 15 days has lapsed. If your license was revoked within two years prior to the current inspection, you may not apply again until two years after the initial revocation has elapsed. If the worker considers your home unsafe, s/he will require you to apply and order you to stop caring for children until your home is made safe.

HOW MANY CHILDREN CAN I CARE FOR WHEN I GET A LICENSE?

According to California law, you can be licensed for six children if you work alone and for 12 children if you have an assistant or a partner working with you. There are additional limits on the number of infants (children not yet two years old) who can be cared for. With a small family day care license you may care for four infants only; or six children, no more than three of whom may be infants. When the license is for a large family day care home, no more than four of the twelve children may be infants.

The total number of children counted for licensing includes your own children who are under age 10. Thus, if you work alone and have two children of your own under age 10, you may care for no more than four additional children.

ARE THERE ANY SPECIAL REQUIREMENTS FOR SMALL FAMILY DAY CARE?

Of course, the one requirement all day care providers must meet is ensuring that the facility is a safe place for children. But beyond basic safety precautions and practices, there are very few additional requirements under the law. For the most part, you will not need to make any physical changes to your home. Local zoning restrictions cannot forbid small family child care in single family residences. The use of a single-family home for day care is considered a residential use of property for the purpose of all local ordinances. Consequently, localities may neither require business licenses, nor charge business fees or taxes to family day care providers.

State law does require that you have both a fire extinguisher and a proper smoke detector in your home. Both small and large family day care will also have to comply with the Americans with Disabilities Act after January 26, 1993. Under this new federal law, you will be required to make modifications in your home to accommodate disabled children who apply to your program, but only if the modifications are readily achievable and do not cause you much difficulty or expense.[1]

WHAT IS THE LARGE FAMILY DAY CARE LICENSE?

When two caregivers are present in a home, it can be licensed for up to 12 children. However, obtaining the license for 12, called the large family day care home license, is not as easy as obtaining a small family day care home license. There are several reasons:

1. Going above the number six may trigger other legal requirements, including the possible need to meet local zoning requirements, such as obtaining a conditional use permit.[2]

2. The day care regulations themselves require licensing workers to issue the license for 12 only when there is "adequate indoor and outdoor space," and do not state what "adequate" means. Thus, different workers can require different amounts of space. The decision can become a subjective one.

3. The regulations require that all assistant caregivers be fingerprinted and cleared through the Department of Justice.

4. The law requires that you have one year of experience as a small family day care home operator, an administrator of a licensed child care center or other qualifying experience as determined by the Department of Social Services.

5. You must obtain a fire clearance by meeting the standards for fire safety in the State Building Code. The fire clearance includes an inspection from the local fire or building department, which may charge a fee.[3]

6. Hiring an assistant makes you, the provider, an employer with certain legal responsibilities.

7. Liability insurance is required for both large and small family day care. However, California waives the insurance requirement by having parents sign a simple form (called an affidavit) saying they are aware that the provider does not carry liability insurance.[4]

Although the process of getting a large family day care license can be discouraging, many family day care providers, associations, and advocates are working hard to simplify it. Contact them and/or Child Care Law Center for help and to share what you have learned about the license for 12. If you want to be licensed for 12 children, talk your plans over with your association, your resource and referral agency, and/or your licensing worker. More and more providers are requesting this license.

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[1] See CCLC's article on "Caring for Children with Special Health or Developmental Needs," 1992 Revised Edition, in this Handbook for more detailed discussion of your responsibilities under this law.

[2] See CCLC's article on "Your Day Care Home: Deed and Lease Restrictions; Fire, Building and Zoning Ordinances; and Access for the Disabled," 1992 Revised Edition, in this Handbook.

[3] For more information, see CCLC's article on "Your Day Care Home: Deed and Lease Restrictions; Fire, Building and Zoning Ordinances; and Access for the Disabled," 1992 Revised Edition, in this Handbook.

[4] Refer to the end of this article for a sample affidavit.

ARE THERE ANY IMMUNIZATION REQUIREMENTS?

Family child care providers are no longer permitted to admit children who have not received certain immunizations. Specifically, children must be immunized against diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles, mumps, rubella, and any other diseases deemed appropriate by the State Department of Health Services. Children under the age of four and a half will also be required to be immunized against hemophilus influenza type B.

WHO CAN I TURN TO IF I RUN INTO PROBLEMS?

You can get some assistance with problems relating to licensing from the Ombudsman in your regional licensing office. The Ombudsman is specifically mandated to assist you with problems you may encounter in the licensing process. If you do not know what region you are in, or to find out the name of the Ombudsman in your region, contact your local licensing office. The following are the addresses and phone numbers of the regional offices:

Coastal Region
1799 S. Winchester Blvd., Ste. 205
Campbell, CA 95008
(408) 277-9776

Southern Region
5962 LaPlace Court, #185
Carlsbad, CA 92008
(619) 929-2121

Los Angeles Region
12555 Jefferson Blvd., Room 208
Los Angeles, CA 90066
(213) 574-6630

Northern Region
301 Capitol Mall, Fourth Floor
Sacramento, CA 95814
(916) 324-4225

HOW DO I KEEP UP WITH THE CHANGING LAWS ON FAMILY DAY CARE?

Family day care homes are governed by the California Health and Safety Code and by administrative regulations which are written by the State Department of Social Services, Community Care Licensing Division.

The regulations contain the specific and detailed requirements. New laws pass every year, and both the Health and Safety Code and the regulations are subject to change. You are entitled to receive a free copy of the current regulations at your orientation. If for some reason you do not receive your copy of the current regulations, contact your licensing office or call or write to:

Community Care Facilities
Licensing Division
California Department of Social Services
2400 Glendale Lane, Suite C
Sacramento, CA 95825
(916) 574-2346

Free copies of any revisions to the regulations will automatically be sent out to all resource and referral agencies.

WHAT HAPPENS WHEN MY LICENSE EXPIRES?

After January 1, 1993, licenses will no lower have an expiration date. Prior to this, licenses were only good for three years, but a recent change in the law has established *perpetual licensing*. While you will still have annual site visits, and you will be required to pay your annual fee, you will not longer have to reapply ever three years.

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY DAY CARE HOME

I/WE, the parent(s)/guardian(s) of ______________________________ (Child's Name), acknowledge that

______________________________ (Licensee's Name), the licensee of ______________________________ (Name of Family Day Care Home),

has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Day Care statute.

______________________________ Signature of Parent(s)/Guardian(s)

______________ Date

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YOUR DAY CARE HOME: DEED & LEASE RESTRICTIONS; FIRE, BUILDING & ZONING ORDINANCES; AND ACCESS FOR THE DISABLED

By the Staff of Child Care Law Center

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This article discusses the impact of state laws on property deed and lease restrictions, relationships with landlords and neighbors, as well as fire, building safety, and zoning requirements. Additionally, the federal law requiring accessibility for the disabled is also discussed. While state and federal laws set the standard, they also create the parameters within which local governments may further regulate child care. In many instances involving large family day care homes, local laws, in addition to state and federal laws, may apply.

Small family day care homes (serving six children or fewer) are not required to meet any local requirements above and beyond what the state requires for licensing. Large family day care homes (serving 7-12 children) will need a local fire clearance, and may also need approval from the city zoning authority in order to qualify for a license from the licensing agency, the Department of Social Services (DSS).

City and county governments vary somewhat in their requirements for large family day care homes. If you have questions about specific requirements that apply in your community, your day care association or resource and referral agency may be able to provide you with that information.

I. MAKING YOUR DAY CARE BUSINESS WELCOME IN THE NEIGHBORHOOD

California state law prohibits landlords and neighbors from preventing family day care programs from operating in residential neighborhoods, but that does not always guarantee that landlords and neighbors will embrace the presence of your day care home with open arms. While providers and parents know that a well-run family day care home is an asset to a neighborhood, not everyone shares that view. To prevent problems with your neighbors before they arise, it is helpful to talk with your neighbors about what you plan for your day care home and to assure them that you will be a good neighbor.[1] After all, it's your neighborhood too, and you care about it. Many potential problems can be avoided if you and your neighbors talk things over ahead of time, and if you are willing to consider each other's needs.

In talking with your neighbors, be patient and remember that child care is unfamiliar to many people. Many misunderstand and mistrust it. By talking to your neighbors and by operating a good family day care home, you can help them learn what child care is really like and why it is good for children, families and communities.

Neighbors usually worry about noise, children playing unsupervised throughout the neighborhood, extra traffic, and the effect of a day care home on property values in the neighborhood.

Begin by assuring neighbors that you will respect their needs as much as you can. If they worry about noise, you might offer to keep the children indoors in quiet activities during certain hours of the day when quiet is especially important to the neighbors -- such as before 10 a.m. or after 5 p.m. If they worry about children running around the neighborhood, explain that a responsible day care home can prevent this by providing working parents with a place for their children to play after school. Also explain that the children will play in your yard and that when they leave your yard for walks or trips, they will always be accompanied by at least one adult. If neighbors worry about extra traffic, explain that there will not be all that many new families driving into the neighborhood and that they won't all arrive at the same time. You can also offer to ask parents to park only in certain places (perhaps in your driveway if you have adequate space), and never to double park. Be sure to explain to parents why this is necessary. If neighbors worry about property values, explain that today, for most families with children, a child care facility close to home is an asset to a neighborhood. Explain, too, that your home is primarily that -- the home where you and your family live -- and that its appearance won't be changed because you also care for children.

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[1] This is particularly true for large family day care homes in neighborhoods where zoning requires use permits. For more detailed information on use permits, see Section V (Zoning Requirements) in this article.

And remember to do whatever you have promised your neighbors. If circumstances in your day care home change, talk the changes over with neighbors. You want and need their support. If they like your day care home, your life will be much more pleasant. Here, as in many aspects of family day care, a little preventive work can help you avoid some big potential problems.

II. PROPERTY DEED RESTRICTIONS

What Is A Deed Restriction?

Deed restrictions (also known as covenants, conditions, and restrictions, CC&R's, or restrictive covenants) are often found in private deeds in certain subdivisions and they limit the use of homes to residential purposes and/or prohibit business uses of the home. These restrictions have been used frequently by neighbors in a subdivision development or condominium complex to try to stop a family day care home from operating.

Are Deed Restrictions Legal?

Deed restrictions which are invoked to try to stop providers from operating family day care homes, large or small, are prohibited under California Health and Safety Code Section 1597.40, and are, therefore, null and void if executed. Every restriction or prohibition, no matter when it was agreed to, which prohibits or restricts the use of property as a family day care home is void. This means that a homeowner's association or neighbors in a subdivision cannot use a restrictive covenant as the basis for trying to shut down your family day care home.

III. RENTAL LEASE RESTRICTIONS

Do I Have To Tell My Landlord That I Am Operating A Family Day Care Program?

There is no law that requires you to inform your landlord that you are operating a family day care program, and many tenants prefer not to tell a landlord until after the lease is signed. This, of course, prevents the landlord from refusing to rent simply because of the family day care program. While it is illegal for the landlord to refuse on that basis alone, it is not uncommon for tenants to be refused based on seemingly fabricated reasons once the landlord becomes aware that the tenant intends to operate a family day care program in her or his home.

There are, however, other considerations that may serve as encouragement to inform your landlord of your day care program. Even if you do not tell a prospective landlord before you sign a lease, if the landlord is hostile to the idea, s/he may become more so if s/he feels that s/he was deceived. While withholding the information may help to secure the apartment, it may, in the end, serve as a point of antagonism between you and your landlord.

In addition, a provider may want to give the landlord the opportunity to be placed on the provider's liability insurance policy, if she or he has one. Since the landlord is in a much better protected position if she or he is covered under the liability policy, informing the landlord may serve to ease tensions between the two parties. If a landlord asks to be named on the provider's liability policy, the provider is required to do so, as long as doing so would not result in the cancellation or non-renewal of the policy, and as long as the landlord covers any additional cost resulting from adding the landlord's name.

What Restrictions Are Commonly Found On Leases?

Like deeds, many leases to residential property contain restrictions or covenants against operating a business in the home, or, more specifically, against using the rental home for child care. Landlords also sometimes attempt to require the provider/tenant to carry special types of insurance, such as liability insurance, as a condition of tenancy.

Are Lease Restrictions Legal?

Like property deeds, lease restrictions which are invoked to try to prevent providers from operating family day care homes are illegal in California. Landlords may not prohibit tenants from using their apartment or leased home for family day care, and they may not impose any restrictions or conditions on a tenant who is a family day care provider, that are not imposed on other tenants who are not providers. Any lease provisions that prohibit family day care in a residential property in California are void. Here are the answers to some of the more common specific situations that arise for tenants:

1) Can my landlord evict me? Not for operating a licensed family day care program. Of course, a landlord may evict any tenant for a material breach of a provision in the lease, regardless of whether the tenant is a child care provider, as long as the provision is permitted by law. However, because it is illegal for a lease to bar a tenant from operating a family day care program, a provider cannot be evicted on the basis of having violated this kind of lease provision. Providers who rent, and who do not have a friendly relationship with their landlord, though, will have to be extra diligent in following the terms of their lease to avoid handing the landlord a legitimate reason to evict the provider.

2) Can the landlord raise my rent? The landlord may not charge you additional rent because you operate a family day care program. Any rent increases a landlord proposes must fall within the permitted amounts under state and local rent control laws, and no surcharge can be added to that rent because you are a family day care provider.

3) Can my landlord require a larger security deposit? No. Again, there are state and local rent control laws that regulate how much a landlord may require for a security deposit on a residential property, and no additional surcharges can be added to your deposit because you operate a family day care program.

4) Can a homeowner's association keep me from operating? No. The same rules apply to homeowner's associations as to landlords, when it comes to operating a family day care program. Just as with landlords, homeowner's associations are not permitted by law to prohibit, or to prevent, family day care providers from using their homes for day care.

5) If a landlord tries to evict me, or to raise my rent or security deposit, what can I do? You should ask for any demand your landlord makes in writing, and you should respond in writing, as well. Save copies of all correspondence and notices. If the landlord attempts to raise the rent or security deposit because of your day care program, or if the landlord gives you notice to cease and desist operating your day care program, you may respond by refusing, based on California Health and Safety Code Section 1597.40, which clearly prohibits landlords from directly or indirectly limiting the use of residential property for family day care. It is always a good idea to

> consult with a lawyer before you respond, especially when the landlord is couching his or her actions in non-day-care-related reasons. Whatever you choose to do, in most situations you will have to respond in a fairly short period of time. Many local Bar Associations provide landlord/tenant information, or can refer you to a landlord/tenant lawyer.

Of course, the fact that a landlord cannot bar you from providing day care in your home does not excuse you from other legal requirements and restrictions. You must still comply with licensing and fire clearance requirements. For example, regardless of the presence or absence of a lease restriction, the fire and building code may prevent you from operating a large family day care program in your home if your apartment is not located on the first story of your building. In another example, while a landlord cannot legally require a provider/tenant to carry liability insurance as a condition of tenancy, you will have to have some form of liability coverage or affidavits from the parents in order to be licensed.[1] Because of the requirements under the licensing code you may choose to carry liability insurance, regardless of any lease provisions. But the choice is yours, and the landlord cannot refuse to rent to you if you choose not to get the coverage.

IV. SMALL FAMILY DAY CARE HOMES: FIRE AND BUILDING SAFETY REQUIREMENTS, AND ZONING LAWS

Fire Requirements For Small Family Day Care Homes

A fire clearance by your local fire department is not required for small family day care providers, if all of the children being cared for are ambulatory (children who can leave a building unassisted under emergency conditions) and no more than three of the children cared for are two years of age or younger. However, when applying for a license, a small family day care provider must provide evidence that her or his home has a fire extinguisher and smoke detector device that meets the standards established by the State Fire Marshal.[2] Your district licensing office can provide information on which equipment meets these standards.

Additional licensing standards which relate to fire safety include:

- Fireplaces and open-face heaters must be screened to prevent access by children.
- Gas heaters must be properly vented and permanently installed.
- Poisons, detergents, cleaning compounds, medicines, firearms, and other items (like highly flammable liquids) which could pose a danger to children must be stored in a place inaccessible to children.

DSS also requires that you develop a written disaster plan on a form provided by the department for getting the children out of the house in case of fire or other emergency.

Are Small Family Day Care Homes Required To Undergo A Building Inspection?

No. Under current law, building inspections are only required if you care for more than 12 children in your own home. Both small and large family day care homes are considered residential occupancies for the purposes of both state and local building codes. This means that communities may not impose more rigorous building standards on family day care homes than they do on any other residential homes.

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[1] For more detail on liability coverage, see CCLC's article, "Insuring Your Program: Liability Insurance," 1992 Revised Edition, in this Handbook.

[2] The portable fire extinguisher must have a minimum rating of 2A10BC. The smoke detector should be a single station, residential-type smoke detector which is approved by the State Fire Marshal.

Are There Any Zoning Restrictions For Small Family Day Care Homes?

No. California law prohibits cities in this state from requiring a zoning permit for day care homes for six or fewer children. Small family day care homes may not be required to obtain a local zoning permit, nor can they be required to obtain a local business license.

V. LARGE FAMILY DAY CARE HOMES: FIRE AND BUILDING SAFETY REQUIREMENTS, AND ZONING LAWS

Fire Requirements For Large Family Day Care Homes

Under state law, large family day care homes are classified as residential for the purposes of both state and local fire and building codes, except that they must meet certain specific requirements described below. No locality can adopt any fire regulations inconsistent with the state standards except when it applies the regulation(s) to all single family residences.

When you plan to care for seven to twelve children, or for one or more non-ambulatory children, you must obtain a fire safety clearance from your local fire or building inspector, who will be inspecting your home to see that it meets state fire safety standards. In many localities there is a charge for the fire inspection. Generally, the fire or building inspector will be checking to see that your home has:

- Smoke detectors. The inspector must approve the detectors and can determine the number and placement of them;

- A portable fire extinguisher of the proper type;

- A device suitable for sounding a fire alarm, attached to the structure of your home and capable of being heard **on a continuous basis** throughout your home. This does not mean you need a wired-in alarm system;

- Every unenclosed gas-fired water heater or furnace within the area used for child care must be made untouchable by the children;

- Generally, child care must occur only on the first story of your home. When the first story is above a private garage, the garage needs to be separated from the home by a one-hour fire resistive construction on the garage side;

- Two exit doorways to the outside, each 6 feet 8 inches in height and 32 inches wide. A manually operated horizontal sliding door can be used as one of the 2 exits required. One of the exits can be through the kitchen;

- A place inaccessible to children where flammable materials are stored;

- A written disaster plan for getting the children out of the house in case of fire or other emergency; and

- Door locks that open from the inside without the use of a key.

Each city or county is allowed by law to designate whether the building inspector or the fire inspector performs the fire safety inspection. If your locality has designated the local building inspector to do the fire clearance, you may be subject to a broader building inspection that encompasses more than fire safety standards. Check with your local licensing agency for specific safety standards that are likely to be inspected in your locality.

What Can I Do If My Home Doesn't Pass The Fire Inspection?

You will probably only need to buy more smoke detectors or a new fire extinguisher. However, if the problem is more serious, you may be required to change a part of your home in order to meet the requirements. If you can't make changes, and if you think your home is fire-safe, you can request that an "Alternate Means of Protection" be approved by the fire department. Local fire departments vary greatly in their willingness to allow requirements to be met in this manner. For example, where a one-hour fire-resistive wall is specified in the code, sometimes painting the wall with fire-resistive paint is considered an alternate means of protection. If your request is denied, you can appeal to the State Fire Marshal.

If the State Fire Marshal denies the request, you can appeal the decision to the State Board of Fire Services: 7171 Bowling Drive, Suite 800, Sacramento, CA 95823.

Are Large Family Day Care Homes Required To Undergo A Building Safety Inspection?

Under current law, this inspection is only required if you care for more than 12 children in your own home. Small and large family day care homes are considered as residential occupancies for the purposes of both state and local building codes. Large family day care homes are classified as R-3 (residential, not educational) occupancies. This means that large family day care homes do not need to meet expensive, sometimes impossible, educational occupancy standards. It also means that a building inspection (in addition to a fire inspection) is not required for a family day care home serving 12 or fewer children. However, in localities where fire clearances are issued by the local building department, the inspector may cite problems with electrical wiring, converted garages, and other building safety specifications that are required of all residential properties.

What Laws Govern Fire and Building Inspections?

The California day care licensing law (Health & Safety Code section 1597.46) establishes that large family day care homes are single family residences for purposes of both state and local building and fire codes. It also gives the State Fire Marshal authority to adopt specific fire and life safety requirements for large family day care homes. These requirements are found in Title 24, Part 2 of the California Administrative Code. They are to be applied uniformly throughout the state. No additional local requirements can be applied to large family day care homes unless they also apply to all single family residences in which day care is not provided.

Can Zoning Permits Be Required For Large Family Day Care Homes?

California law prohibits cities in this state from requiring a zoning permit for day care homes for six or fewer children. However, if you want to be licensed for seven to 12 children, your city or county may require a zoning permit, called a "Use Permit." Under state law, cities cannot prohibit large family day care homes on lots zoned for single family dwellings, but they must treat the home in one of the following three ways:

> Option 1: Classify the home as a permitted use of residential property for zoning purposes. This means large family day care homes are treated the same as small family day care homes and no conditional use permit is required. Many jurisdictions currently treat large family day care homes as permitted uses and have not encountered difficulties or neighborhood opposition in doing so.
>
> Option 2: Grant a non-discretionary permit to use the property as a large family day care home. Under this option, the local ordinance requires operators of large family day care

homes to apply for a permit to use their property for family day care. Local ordinances are limited in scope, and state law requires that any standards concerning spacing and concentration, traffic control, parking and noise control be reasonable. A provider would be granted his/her non-discretionary permit by an administrator in the planning department upon showing that s/he had complied with the local requirements and obtained a fire clearance as required by the law. There could be a charge for such a permit. No notification to neighbors or public hearing is required.

Option 3: Require a large family day care home provider to apply for a conditional use permit before using his/her property as a large family day care home. Notice is only required to those within a 100-foot radius of the property and a public hearing is only held if requested. Local ordinances can set reasonable standards regarding parking, spacing, concentration, traffic control, and noise control.

For both conditional use permits and non-discretionary use permits, processing applications must be done as economically as possible, and the fees charged for the processing cannot exceed the actual cost incurred by the city or county. Some cities and counties have recently begun requiring large family day care programs to obtain business licenses, either in addition to, or instead of, a zoning use permit. While there is no law preventing local governments from imposing a business license requirement, public policy suggests that they are limited from imposing any licensing requirements or fees that are unreasonable.

Local jurisdictions which realize the value of having an adequate supply of child care programs for families within the community often do not require any zoning permit for family day care homes licensed to care for up to 12 children. They do this by defining all family day care as "residential use" of the home (Option 1). With the help of providers, day care associations and other family day care advocates, many California cities and counties have adopted this option. Politicians and policy makers are often convinced by the argument that child care should be located in residential neighborhoods (as are public schools), that family day care homes don't make much profit, and that they are more of a community service than a business.

How Do I Find Out If My City Requires A Zoning Permit For Large Family Day Care Homes?

If you are licensed to care for six children or fewer, state law does not allow zoning permits to be required by local governments. Large family day care homes, on the other hand, stand a good chance of being subject to some local zoning requirements. If you do not know whether your local government imposes zoning requirements on large family day care homes, the first place to check is with your day care association or the resource and referral agency in your area. If you are unable to get information about local zoning requirements from them, you can probably find out from the family day care licensing office or the local planning department.

If you do make inquiries to your local planning department, you may choose to do so anonymously. Obtaining a zoning permit is not required for licensing, and, in many cases, the local zoning requirements are not generally enforced unless a neighbor complains, or unless you are the one to make the initial contact with the local planning department. When making inquiries, therefore, it may be useful to initially withhold your identity. Once you have established whether use permits are required by ordinance, and, if so, whether the ordinance complies with state law, and whether the ordinance is generally enforced, you can decide whether to disclose your identity. Of course, strictly speaking, in many localities you must obtain a zoning permit in order to bring your home into full compliance with the law.

What Must I Do To Get The Zoning Permit?

The process varies somewhat from city to city, but the basic steps are the same.

(1) File an application with the city planning department. The law requires that the locality must process your conditional use permit as economically as possible. Fees charged cannot exceed the costs of the review and permit process. If the fees being charged seem excessive, alert your planning department to the state law and ask that they justify the charge.

(2) If your city requires a conditional use permit, city workers will post or mail notices informing neighbors that you wish to use your home for day care for seven to 12 children. While some cities require notice to neighbors within a 300-foot radius, only those within a 100-foot radius can request a hearing to object.

(3) People who favor or oppose your planned use can write the planning commission to express their views. No public hearing can be held unless you or another affected person (neighbor) requests it. If a hearing is held, the commissioners will listen to you and your supporters and to those who oppose your planned use.

(4) The planning commission will do one of three things: (a) approve your request and grant the use permit; (b) deny the use permit; (c) issue the permit on the condition that you make certain changes in your property or that you operate your day care home in a way that will minimize the inconvenience to neighbors. Remember that reasonable restrictions can only be imposed concerning traffic and noise control, parking, and spacing and concentration. The most common property conditions are that you fence your yard and that you provide additional off-street parking spaces (usually one or two). The most common operating conditions are scheduling outdoor activities at certain times of the day to avoid disturbing neighbors. If your permit is denied, you can appeal the decision.[1]

VI. ARCHITECTURAL ACCESSIBILITY FOR THE DISABLED

Are Small and Large Family Day Care Homes Required To Be Accessible To The Disabled?

Under the Americans with Disabilities Act (ADA), it is illegal for day care providers to discriminate against disabled children and children whose family members are disabled, through either denial of services, or through failure to remove barriers or to reasonably accommodate the disabled. As of July 26, 1992, day care providers with more than 10 employees, and annual gross receipts of $500,000 or more, are required to comply with this new law. After January 26, 1993, all day care providers, regardless of size, will be obligated to comply with the requirements of the ADA.

Under this new law, providers will be required to make their homes accessible to the disabled wherever this is readily achievable. But the requirements of the ADA were not intended to impose a significant financial burden on day care providers. While the exact nature of each day care provider's responsibilities under the ADA is as yet unsettled, some general guidelines have been established to help you determine the extent to which you are required to make your home accessible. These guidelines are all based on considerations of what is reasonable under the circumstances, taking into consideration the expenses and resources of the operation of the facility.

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[1] For further detail on zoning laws, see "Family Day Care Zoning Advocacy Guide" (CCLC 1989), and "*Local Official's Guide To Family Day Care Zoning*" (CCLC 1989).

How Does A Provider Decide Whether Accessibility Is Readily Achievable?

If a disabled child applies to a day care program, it is a day care provider's responsibility to remove existing accessibility barriers to her/his home wherever this is readily achievable. "Readily achievable" means "easily accomplishable and able to be carried out without much difficulty or expense." If your front door can only be reached by climbing a flight of steps, but your side door is at ground level, making the side door into an accessible entrance to your home is readily achievable, even if this involves clearing the side walkway of toys, lawn furniture, weeds, overgrown brush, and any other obstacles to a wheelchair. If the walkway to the side door is not smooth or level enough for a wheelchair, you may need to take readily achievable measures to remedy that, also. And if that side door is one step up from the ground, supplying a portable wooden or rubber ramp, or human assistance in climbing that step is also readily achievable. On the other hand, particularly for small family day care providers, building a permanent ramp to the front door may not be always be readily achievable, due to the cost of installation.

Not all child care providers are excused from building permanent ramps in order to reasonably accommodate the disabled, but many family day care providers will be. Generally, under the ADA, a provider will not be required to make physical changes to her or his home if doing so would involve a fair amount of difficulty or expense. Whether something is expensive or difficult for your program is measured by the relative size and budget of your operation, with an eye towards reasonableness. Each time a disabled child applies to your program, you will need to assess what that child needs, whether your home or facility contains barriers to that child accessing care from you, and if any options exist that are readily achievable for you to meet the needs of that child.

Removal of barriers in your home, wherever readily achievable, is only required in those parts of the home that are used for child care, either partially or exclusively. If you are contemplating making additions to your house, any new rooms that will be used by you for day care will have to be made accessible, regardless of expense.

Some cities have ordinances that reach beyond the ADA. These local laws may require that homes for seven or more be accessible to the disabled (the minimum number may vary among municipalities). Whether or not this regulation must be applied to family day care homes has not yet been settled legally. If it is applied to day care homes in your city, you may be required to build a wheelchair ramp, unless your home has at least one ground-level entrance. Many cities will waive this requirement if you request, or allow you to accommodate disabled children through alternate means.

If you are required to build a ramp or other modifications, or if you choose to do so in order to better serve children with special needs, government funds or tax benefits may be available for this purpose. Contact your local Center for Independent Living for more information about government assistance and/or tax benefits for these projects.[1]

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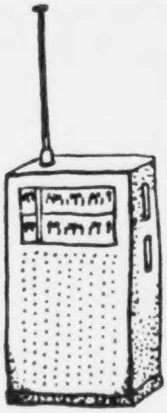
1. See CCLC's "Caring for Children with Special Health or Developmental Needs," 1992 Revised Edition, in this Handbook, for a description of some of the new tax benefits available, and for additional guidelines on making your home accessible.

How to Write A Disaster Plan For Family Day Care



You are required to have a disaster plan to obtain a family day care license. This plan simply tells what steps you would take and what steps you would teach the children to take in case of an emergency like fire or earthquake. You need to write up your plan, teach it to the children, and periodically practice it with them. No one else can write a disaster plan for you. Everyone's home is designed slightly differently and the layout of your home is an important factor in making your plan. This Handout is intended to help you get started in writing up a plan that will work for you and the children in your care. You may have other items that you want to include.

Any Emergency:

1. Do your children know how to call the fire department and emergency rescue in the event something happened to you? You can easily teach children over 3 years how to call 911. (Note: don't, however, have them actually call that number to practice – use a toy phone.) Even younger children can learn how to call the Operator. If children are too young to know your address, teach them to stay on the phone until the call can be traced. Teaching children how to make these calls can be part of your disaster plan.
2. Do you have emergency cards for every child in your care? The cards should contain: the child's full name, birthdate and any food or drug allergies or special physical conditions. It must also include the name, phone number and location of the parent/s or responsible adult to contact in an emergency, the name and phone number of the child's physician and the parent's authorization for you to seek emergency care if you can't reach the parent. If you don't already have a form to use, contact BANANAS for a sample. It is a good idea to also have on file the names of other family members or friends to contact if the parent can't be reached and the names of persons other than the parent who are authorized to pick-up the child. These emergency cards should be mentioned in your disaster plan.
3. Do you have an adult nearby who could watch the children in your absence due to an emergency? Identify who that person is and how quickly they could come to your home. (Many providers make special arrangements with a neighbor.)
4. Do you have a transistor radio and a flashlight on hand in case the electricity goes out? Mention them in your plan. (Note: the local emergency radio stations are KCBS-74 and KGO-81.)
5. Do you have a first aid kit? Do you hold a current CPR certificate? Have you taken a first aid course? If so, mention them.

Fire Safety Plans:

1. What is your signal that tells all the children that a fire drill is taking place? (A bell? A shrill whistle? etc.)
2. What exits have you taught the children to leave by? You should have a minimum of two different exits and practice using both since a fire can always block an exit. Also plan and practice how to leave from different parts of your house.
3. What are your plans for getting out any infants that you are caring for? If more than one infant needs to be transported, you can wrap up each infant in a separate crib sheet. Some programs have specially-designed aprons which have "pouches" for carrying babies.
4. When would you call the fire department – before getting the children out or after? Your first responsibility is to get all the children outside away from the fire.
5. Where will you take the children after they have left your house? A neighbor's house or lawn? A nearby church or school grounds? You decide and put it in your plan and inform the children's

parents of the location.

6. What is the first thing you should do once you arrive at this site? Account for everyone.

Once you have established a fire drill routine, practice it at least once a month and be sure that any new children in care learn the rules.

Other Fire Safety Rules To Teach Children: (Besides never play with matches!)

1. Do your children know what a hot door means? A fire may be burning on the other side and the door should not be opened. If no other door exits from the room, children should know how to exit out a window or at least how to open one and call for help. Tell children never to hide during a fire or other emergency (a common occurence with young children).
2. Do your children know what to do if caught in smoke? Crawl out holding your breath as much as possible. Keep as close to the floor as possible. (Smoke rises.)
3. Should anyone ever return to a burning building to retrieve a treasured item? The answer is a big NO.
4. Do your children know what to do if their clothes catch on fire? They should Stop, Drop to the ground and Roll – BANANAS has a small poster illustrating this safety technique – send us a self-addressed, stamped envelope for a copy. Teaching these and other safety rules can be part of your disaster plan.
5. What devices have you installed in your home for fire safety? (It is recommended that you use a *battery* operated smoke detector since a fire can affect your electrical system.) A fire extinguisher that works on all kinds of fires? A rope ladder or other means of exit from a second story? List what devices you have in your plan and where they are located.

Earthquake Safety Plans

1. What signal would you use to let the children know that an earthquake drill or an actual earthquake was happening? It should be a distinctly different sound than the one used for a fire drill.
2. What should the children do when they hear the signal? This will be different in different homes depending on how they are built. Here are some standard rules:
   - Sit or stand against an inside wall or inside doorway or take cover under a table or desk.
   - Stay away from anything that could topple over.
   - Stay away from windows, outside doors, glass, chimneys, or fireplaces.
   - If outside, stay away from overhead electric wires, poles or cornices of tall buildings.

   Now use these rules to decide which places in your home are safest for the children. Which walls or doorways are inside ones? You can mark them for the children using stickers or decals. Which tables or desks are away from glass, outside walls, etc. and can be safely used for cover? Identify those for the children. You will have to figure out safe places in every room which the children normally occupy – you never know when an earthquake will occur. You should also design and practice a different earthquake safety plan in case you and the children are outside when one strikes. Include your complete earthquake safety drill procedures in your disaster plan.
3. What should you do after the shaking has stopped? You should know how to turn off: 1) the main gas valve, 2) the main water valve, 3) the electrical current coming into your house. If you smell gas, have broken water pipes or short circuits in your electrical wiring – get the children outside and turn off the problem at the source. You should also have the proper tools to do this close at hand. Put the location of these turnoff points and your tools in your disaster plan.

Chemical Spills, Floods, Explosions, Other Disasters

What should you be prepared to do? Many such disasters require evacuations. You should be prepared to do whatever the local authorities require of you. You should always keep the emergency cards of the children where they can be quickly located and taken with you if you are asked to evacuate. Explain in your disaster plan how you would notify the parents if you had to evacuate your home and what you would take with you (blankets, warm clothes, etc.).

(Thanks to Nadja Christian for her comments on this Handout.)

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The Business of Family Day Care

S*TARTING A FAMILY DAY* care program is not only a decision to care for children in your home; it also means starting your own small business. Although you may think of yourself more as a caregiver than as a businessperson, you will be much more successful in your work if you learn the basics of advertising, record-keeping, budgeting, tax laws and insurance.

In this section you will find information which will help you in each of these areas. We have included articles written by the staff of the Child Care Law Center in San Francisco on record-keeping, taxes, liability insurance, vehicle and property insurance, obtaining loans and collecting fees from parents. ■

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Further Reading

Annual Update for Preparing Your Federal Income Tax Return, by Redleaf Press. 450 N. Syndicate St., Ste. 5, St. Paul, MN 55104-4127.

BANANAS' handouts and publications:

- *Family Day Care Income Tax Recordkeeping*
- *Family Day Care Income Taxes*
- *Child Care Payment Statements*
- *Family Day Care Providers as Employers*

by BANANAS, Inc., 6501 Telegraph Ave., Oakland, CA 94609.

Business of Family Day Care, by Darlene Menk and Lisa Vallentine. Parennial Resources, Inc., P.O. Box 691962, Houston, TX 77269.

Child Care Providers 1993 Survival Kit, by Natl. Assoc. for Family Day Care (NAFDC). 725 Fifteen St., N.W., Ste. 505, Washington, DC 20005-2109.

Day-care as a Business, by University of California. Part of their "Caring: Information for Family Day-care Providers" 9-part series. Agriculture and Natural Resources, 6701 San Pablo, Berkeley, CA 94608-1239.

Day Care Providers Easy Bookkeeping System, by NAFDC.

Dollars and Cents: A Tax Resource for Family Child Care, by Wildwood Resources, Inc. 9085 E. Mineral Cir., Ste. 300, Englewood, CO 80112.

Family Child Care Contracts and Policies:How to Be Businesslike in a Caring Profession, by Tom Copeland. Available through Redleaf Press.

Family Day Care Providers' Rights and Responsiblities, (available in Spanish), by Public Counsel. Child Care Law Project, 3535 W. Sixth St., Ste. 100, Los Angeles, CA 90020.

Family Day Care Record Keeping and Taxes, (Fact Sheet) by NAFDC.

Family Day Care Starter Kit, by Redleaf Press. A package of the "basics" for dealing with business questions which includes:

- *Calendar-Keeper: A Record Keeping System for Child Care Providers*
- *Basic Guide to Family Day Care Record Keeping*
- *Sharing in the Caring: Family Day Care Parent-Provider Agreement Packet*
- *Marketing Tips*

Sold as a package or individually.

Family Day Care Zoning Advocacy Guide, by Child Care Law Center. 22 Second St., 5th Fl., San Francisco, CA 94105.

The Language of Money and Family Child Care, by Windflower Enterprises, Inc. 142 S. Claremont St., Colorado Springs, CO 80910.

A Marketing Kit for Family Day Care Providers, by the Natl. Council of Jewish Women. Center for the Child, 53 W. 23rd St., New York, NY 10010.

Who's In Charge Here? A Guidebook for the Family Day Care Provider, (tape and guidebook), by Barbara Chernofsky. Advocates for Better Childcare, Inc., P.O. Box 2291, La Mesa, CA 91943-2291.

BANANAS HANDOUT

Selling Your Family Day Care Program To Parents

"I've never had openings before. I don't understand why my program isn't full."

"I thought getting a license for twelve would work out well for me. Now, I can't seem to attract twelve families and I still have to pay my assistant."

BANANAS has been receiving a larger than usual number of phone calls from family day care providers with openings in their programs. Even though there is still an overall shortage of child care — programs with openings are becoming more common. We can't assist providers by giving special referrals or "placing" children in programs because we don't play favorites and we believe that only parents should be selecting the child care program in which to enroll their children. But that doesn't mean we can't offer help.

First, we would like to share some information on the current child care situation. The majority of our calls continue to come from parents of infants. The overwhelming preference these parents express to us is for *small group size.* The result is that the use of in-home babysitters is on the rise and family day care providers licensed for twelve are at a disadvantage. At the same time some neighborhoods have a growing number of family day care homes. In these neighborhoods two, three, even four providers within a city block are not uncommon. In these competitive situations some programs may not be able to survive without extensive marketing. Here are points to keep in mind when recruiting parents and children:

- Parents are becoming extremely knowledgeable and cautious child care consumers. More than ever before, we are being asked questions about child care ratios and other licensing regulations. It is extremely important that providers keep their homes in compliance at all times. It may also help to read consumer guides on choosing child care (such as BANANAS' Choosing Child Care Series or the pamphlets from the Department of Social Services).
- Try not to plan your budget based on having a full enrollment. You should be able to meet major responsibilities (e.g. house or car payments) even when your enrollment is down a child or two.

- Be sure you have a realistic idea of the child care needs of your neighborhood (most parents still request child care close to home). If, for example, there is a surplus of programs offering preschool care, you may want to offer care to a different age group. BANANAS can tell you the age groups being served by the providers in your section of our file — call us at 658-7353 or come by our office.
- Don't price yourself out of the market. While you may be tempted to raise your rates when you have openings, this may work against you in attracting new families. Charging as little as five dollars more per week than other nearby providers can result in parents not even bothering to call. BANANAS will be happy to share information with you on what the average rates are in your immediate neighborhood.
- If your business has turned sour since expanding your license to serve twelve children, analyze your "before" and "after" twelve income. You may find out you came out ahead before you expanded or that the actual increase in income isn't worth the worry about keeping your program full or the additional responsibilities of employing an assistant. It may be a step ahead for you to step back to a license-for six.
- Advertise your program with an attractive flyer. Analyze what is unique or especially attractive about your services and "sell yourself" in the flyer. Distribute the flyer anywhere parents are likely to

see it — at BANANAS, on bulletin boards in churches, laundromats, supermarkets, etc. List a time on the flyer when prospective parents can be sure to reach you — and then be there for their calls.

- If possible, put an attractive sign in your window or yard. Be sure your house numbers are clearly visible so visiting parents have no difficulty locating your house.

- If you offer schoolage child care, get to know the principals and secretaries at your neighborhood public and private schools. See if they will make your flyers available to parents looking for child care.

- If you care for infants, the smaller the group you care for the more likely you will be full. Infant care is more expensive and parents will pay more for a smaller group size.

- Be professional when answering your telephone and teach your other family members to do the same. Answering with "Huh" "Yeah" "What" can turn a prospective parent away. Answering in a positive way like "Hello, Mrs. Smith's Infant Care. May I help you?" makes you sound more like the business you are.

- If you have trouble projecting yourself over the telephone, it may help to write a short "script" which you keep by the phone explaining what you have to offer. If it's too hectic to talk when a parent calls, find out when you can call back. Always follow through and call when you say you will.

- Try to get a commitment to a visit from the parent on your first contact (remember, it may be your *only* contact). Be sure you get the telephone number of every parent who makes an appointment to visit. Some parents simply don't show but sometimes they've lost your address and/or telephone number. If you make a habit of always getting a phone number, you will be able to follow-up when parents don't keep appointments.

- If possible have an answering machine for those times when you can't be reached. Use your message to advertise your program and let parents know what age groups you have openings for. Promptly call back any parents who leave a message on your machine. (And, remember, the message on the machine is also your "salesman" — don't use weird, funny or exotic messages.)

- If you don't mind "drop-in's" during this time when you're trying to build your enrollment, select a certain morning (or afternoon) of the week as "Open House" time when parents are welcome to drop in. Announce this on your flyers and on your answering machine.

- Schedule visits at times when you can show your program at its best. Let parents know they can watch as long as they want, but that you will need to devote your time to the children. You might want to ask parents to write down their questions for later discussion. Set a time in the evening or on the weekend to explain more about your services. Develop a brochure which sells your program to parents who have expressed an interest. Have it available for parents when they first visit.

- Certain things seem to really turn parents off when they visit. The most common items are untidy (dirty) homes or yards, the T.V. being on all the time, child care being provided in the darkest room in the house, providers who smoke around the children or come to the door in bathrobes and curlers . . . If the shoe fits, change it!!

- Have a friend "role play" a parent visit with you and ask for honest feedback. Perhaps you can get some valuable insight into what changes you can make in your approach. Coming on too strong . . . coming on too timid — either attitude can turn parents away. Also try reversing roles — put yourself in the parent's place. Suppose *you* were looking for infant (or preschool or schoolage) child care, what would you want to see when visiting a child care setting? Is what you would want present in your program?

- Talk to other providers who have fewer vacancies and see if they have suggestions for you. Arrange visits to other providers' programs to get some ideas for ways you can make your program more attractive. You can meet other providers at your local association meeting.

- Recruit your existing parents to help you in your search for other families. Ask them to distribute flyers at work and to friends and to be available as references to prospective parents.

While it's wonderful for parents in some areas to have more child care choices, a "buyer's market" means providers have to sharpen their business skills. We hope these ideas have been useful to you and we welcome any additional ideas you may want to share with us for other caregivers.

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The
California
Child Care
Initiative
Project

Setting Your Fee

by Dan Bellm
California Child Care Resource & Referral Network

How much you charge for child care will depend on several things: the amount of money you feel you need and deserve, the established "going rate" in your community (if any), and the income level of your potential customers. The hard part, of course, is balancing your financial needs with what parents are able to pay. Your local resource and referral agency may have some useful information about what other family day care providers charge in your community. But the final decision is up to you.

Above all, make sure you are guaranteeing yourself a decent living wage. You are providing a valuable professional service and you have the right to be paid accordingly; you're not just a now-and-then babysitter! Make sure your fees will cover your ongoing expenses: for example, food, toys and other equipment, and the upkeep of your home.

You may charge parents a flat weekly rate, or a daily or hourly rate. For example, a weekly rate is appropriate for a child who usually comes full-time, and the same rate should be charged whether the child is absent on a particular day or not. For school-age children who come only in the afternoons, or for children who come on an irregular basis, an hourly rate may be preferable. A daily rate could apply to children who come only on certain days, such as Monday, Wednesday and Friday. You may also want to charge a higher "overtime" rate when parents arrive late to pick up their child at the end of the day.

Set a clear policy on whether parents will pay or not for holidays or for your own vacation time, when the day care program will be closed. It's helpful, too, to tell parents how much advance notice you need about their vacation plans, so that you have a chance to take on another child temporarily if you wish. You may also want to set a limit on how much vacation time per year parents may take without paying you but still reserving their child's place in the program. Or you might expect them to pay you even if they are on vacation.

If a parent has more than one child in your program, you might offer a lower rate for the second child. If you feel that different parents in your area have different abilities to pay, you might set a "sliding fee scale" based on income.

You should also decide when you expect to be paid. Many providers have decided that it's best to be paid in advance. You may want to accommodate parents' pay schedules. Are most of them paid monthly, twice a month, or weekly? On the other hand, you shouldn't inconvenience yourself if you need to be paid more regularly in order to meet bill payments and other day care expenses. Asking to be paid at the beginning of the month or the beginning of the week is certainly reasonable.

The most important part about fees is that your policies should be clear and that they work for you. In the section on "Working With Parents," we have included an article on "Child Care Contracts." Many misunderstandings can be avoided if you specify your policies in writing and sign an agreement with each parent in advance. Although we hope you will never find such a step necessary, we have included information on "Collecting Fees Owed: Using Small Claims Court."

FULL COST OF QUALITY WORKSHEET *by Kathy Modigliani*

THIS WORKSHEET WILL HELP YOU CALCULATE THE *FULL COST* OF A QUALITY FAMILY CHILD CARE HOME, with the provider paid wages and benefits comparable to those earned in other jobs requiring similar levels of experience, education, and responsibility.

To calculate the ***Full Cost per Child***, divide Total Expenses by the full-time-equivalent number of children in the program. The result is the cost for full-time care not subsidized by the provider. To calculate the ***Full Cost per Day***, divide the Full Cost per Child by 260 (the number of weekdays per year). For example, if your total expenses are $28,000 per year, and you have four full-time and two half-time children, you would calculate the Full Cost Per Child as follows: $28,000 ÷ 5 (full-time slots) = $5,600 Per Child Per Year. Or, to calculate the Full Cost Per Day: $5,600 Per Child Per Year ÷ 260 (weekdays) = $21.53 Per Child Per Day.

YEARLY BUDGET FOR FAMILY CHILD CARE

WAGES AND BENEFITS[1]

Yearly Full-Cost Wages
Provider ____________
Assistants and Substitutes ____________
Other Staff ____________
Total Wages ____________
Full-Cost Benefits[2] ____________

OTHER EXPENSES[3]

Food ____________
Supplies
Toys, Materials ____________
Office Supplies, Computer ____________
Household Supplies ____________
Equipment ____________
Copying and Postage ____________
Maintenance and Repairs ____________
Pro-rated Rent/Mortgage, Utilities, Property Taxes ____________
Insurance ____________
Advertising ____________
Business Gifts and Entertaining ____________
Transportation/Mileage ____________
Professional Dues and Publications ____________
Education/Workshop/Conference Expenses ____________
Taxes ____________
Vacancies/Unfilled Openings ____________
Other Business Expenses ____________

TOTAL EXPENSES $____________

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[1] To calculate full-cost wages comparable to your local public school pay scale, call the superintendent's office. Ask them to send you the wage and benefit scale for elementary school staff (this is public information). Use education levels and years of experience to calculate the Full-Cost Wage for providers and any other staff.

[2] Use public school benefit percentage (typically 30-35%) times total wages to calculate Full-Cost Benefits. In other occupations, workers get five major benefits: health insurance, paid holidays, vacation and sick days, retirement pension, and worker's and unemployment compensation. The full cost of care covers these standard benefits.

[3] Include only the child care portion of these expenses. Use the amount over and above your family expenses.

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BANANAS HANDOUT

Raising Rates Without Raising Cain

Sooner or later all child care programs must make a decision to raise their rates. The better a provider knows and likes her parents the harder that decision can be. At the same time, child care providers must value their work enough to insist on a fair return in exchange for the work and responsibility of caring for children. When do you raise rates? How do you do it? How much? Here are our "answers" to these questions.

When do you raise rates?

Quite simply – when you are no longer making a reasonable profit after taxes. And, tax time is a good time to evaluate your income and expenses. Check your net income *after expenses and taxes* for the current year as compared to the prior year (or two). Adjust these figures for variations like caring for far fewer children one year or only operating part of a year. If you find your net income is shrinking, that is a clear indication you should consider raising your rates. (Remember, it will be more difficult to compare years if you have changed from a license for 6 to a license for 12.) Another time to consider increasing your rates is when your expenses have gone up drastically such as the recent dramatic increase in the cost of liability insurance. (More on that topic later.)

When shouldn't you raise your rates?

It isn't wise to raise rates when you have a number of openings. Your program is more attractive to new parents if your fees are at or even a little below the market rate. Increasing your rates won't result in more income if you can't fill your existing openings. (Remember you can always call BANANAS to get a quick idea of what the other providers in your immediate neighborhood are charging. We only give out rate information – no program names.) It is also counterproductive to raise rates every month or two. It is far more acceptable to most parents if you raise your rates once a year. There are also times of the year when it is psychologically "ill advised" to raise rates, i.e., at Christmas or in April when the tax man is calling.

How should you raise your rates?

With advance notice – always. Parents need to budget just like you do. If you have written a period of notice into your contract with parents, by all means, honor it. Even if you don't have a contract or do not mention a notice period in the contract you use, still, be fair and give an advance warning. You can tell parents personally . . . you can send a note home . . . you can post a notice by the sign-in sheet . . . how you inform parents is up to you. But, don't neglect to do so or you may actually lose income by losing parents. A month's notice seems minimal when you're talking about money.

How much should you raise your rates?

Enough but not too much!! Parents can't expect you to work for next to nothing. At the same time, you shouldn't price yourself out of the market. When setting up your program budget, remember, you cannot budget based on having a full enrollment at all times! Very few child care programs are always full. You must be able to pay your bills when your program is at 80 to 90% capacity. If you are a family day care provider licensed for 6 children and you raise your rates $5 a week, you could generate $1,560 a year if you are at full capacity all year. However, it is probably more reasonable to plan on generating less money than that because of occasional openings. Use these suggestions and your after-tax income from the prior year to assist you in making your decision about the exact dollar amount of an increase, or whether to raise rates at all.

How much explanation should you give parents about a rate increase?

That's up to you and dependent in part on how much you raise your rates. A $5/week increase after a year or more of the same rates, will probably be understandable to parents. However, if you raise your rates $20/week (which will cost each of your families an extra $1,040/year), parents may want or need an explanation. Keep in mind that honesty is the best policy. When a program's liability insurance goes up in cost from $450 to over $1,000 a family day care provider licensed for 6 can cover that additional expense with a $2/week increase. It wouldn't be wise to tell parents that a $10/week increase is necessary because most parents can multiply as well as you. That's not to say a $10 increase might not be justified to cover additional insurance *and* other rising costs. But, don't put the whole reason for a larger increase on insurance. Remember, too, that child care providers can deduct the full cost of paying for child care liability insurance at tax time. Increases in *fully deductible* items like liability insurance don't "hurt" family day care providers as much as increases in *partially deductible* items like rent or utilities.

If you have given a lot of thought to a decision to raise your rates and if you have done your homework (i.e. compared income from previous years, checked what the going rates are in your area, etc.), you shouldn't feel apologetic about a rate increase. You are in business just like the cleaners and the grocery store. You will have an immediate idea if your increase is totally out of line, if you see your parents jumping ship for other programs. However, in most cases, when your increase is within reason and your services are valued by your parents, their dismay will evaporate. Do, however, expect some initial groans. Who likes prices to go up?

One final note: The biggest complaints we get about not being able to "make it" financially come from providers licensed for 12 and providers who *only* care for 2-4 year old children. If you are licensed for 12 but usually only have 8 or 9 children enrolled, it may be costing you money to hire an assistant and have the larger capacity license. Sometimes it makes financial sense to go back to a license for 6. And, if you can't get enough preschoolers to fill your program, consider caring for infants and toddlers as well. Close to 50% of our parent callers are looking for infant care. While your first preference may be to run a preschool program, it doesn't make sense to persist in offering a service if there aren't enough "buyers" to make it profitable. Can you raise your rates without raising cain? We hope this Handout helps.

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BUSINESS PLANNING AND BOOKKEEPING FOR YOUR FAMILY DAY CARE HOME

By the Staff of Child Care Law Center

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Accurate records are important to you, to parents, and to any assistant caregivers who work with you. Records will enable you to save money on your taxes, to collect money that parents owe you more easily, and to evaluate your day care home as a source of income. Accurate records will show parents precisely what they owe and have (or haven't) paid you and will help you collect money owed. Now that parents can claim a tax credit for child care, they must have accurate records of what they have paid you. The IRS is becoming more interested in child care costs each year. Also, with the advent of cafeteria-style benefit plans, parents often can use pre-tax earnings to pay for child care through a reimbursement system.

HOW DO OTHER PROVIDERS SET THEIR FEES?

Some providers charge for the hours each child stays with them; others charge for the time reserved for each child, whether or not the child actually attends. Some providers charge all parents the same fee; others vary their fees according to the parent's income. Some require payment in advance, others after care has been given. Whatever fee policy you decide on, make sure each parent understands in writing (1) how much s/he will be charged, and (2) when you expect to be paid.

Because parents and providers don't always make these things clear to each other, providers sometimes have trouble collecting the money owed them. This article hopefully will help you avoid such problems.

WHAT SHOULD I THINK ABOUT IN SETTING MY FEES?

It is vital to your success as a day care home provider that you charge a high enough fee to pay yourself a living wage without overcrowding your day care home. If your fees are too low, you will either not make it financially or be forced to overcrowd your home and overextend yourself in order to make a living.

Remember that although many parents are on a very tight budget, buying good care for their children is probably second only to buying food and shelter in order of importance to them. So plan your budget based on the number of children you can reasonably care for. Include (1) the cost of food, toys, supplies and assistants, insurance, etc. and (2) the amount you require as personal income. And remember, the care, love and skills you devote to the day care children are very valuable in economic as well as human terms. As a family day care provider, you are a vital community resource and deserve to be well paid. In setting your fees, consider:

(1) the amount parents can afford to pay,

(2) the "going rate" in your community, and

(3) last but not least, the fact that as a child care professional you are doing important work and should be paid accordingly.

Think about all three things and then set your fees. And don't hesitate to adjust them upwards from time to time because of inflation. It is wise to disclose your option to increase fees in your parent-provider agreement.[1]

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1. For more information on parent-provider agreements, see CCLC's article, "Child Care Contracts: Information for Providers," 1992 Revised Edition, in this Handbook.

ARE SOME FEE AND PAYMENT METHODS BETTER THAN OTHERS?

Some are certainly simpler than others. What is "better" is for each provider to decide, but some providers who have been in this business for many years believe that it makes their lives easier to (1) charge all parents at the same rate,[1] (2) base charges on time reserved rather than time the child is present, and (3) require payment in advance.

WHAT KINDS OF BUSINESS RECORDS DO I NEED?

This depends to some extent on your individual situation. In planning your own bookkeeping system, look for the simplest method which will give you a record of all the information you need to collect your fees and to get maximum tax savings. One book or ledger for income and one for expenses is probably best. The best is one that allows you to tear out a receipt while leaving a carbon list of all receipts given.

All providers need a record of these things:

(1) Attendance and Income. Keep an accurate record of each child's attendance and of payments you receive for each child's care. Take time each day to make a Record of Attendance for that day. If it's necessary to your method of calculating fees (or because you care for children whose fees are paid by government subsidy), record the time each child arrives and leaves each day. This also helps account to the parent(s) if a dispute arises.

(2) Expenses. You need to record expenses in order to know how much money you are making (or losing) in your business and in order to accurately determine the taxes you owe.

HOW DO OTHER PROVIDERS RECORD INCOME AND ATTENDANCE?

There are several possible methods for keeping attendance and income records. Select the simplest one(s) which are detailed enough to meet your particular needs. These are the most common income/attendance methods:

(1) A Daily Log (of all children in care). This form is useful if (a) you care for drop-in children, (b) you care for subsidized children, (c) you charge by the hour, or (d) you charge different fees to different parents. It may be more detailed than necessary if none of the above apply to your home.[2]

(2) A Monthly Log (of all children in care). This form is useful when you charge by the day rather than by the hour. It's useful whether you charge according to time reserved or to time actually used.[3]

(3) A Yearly Log (for each child in care). A separate form is kept for each child. This form is useful as a record for your taxes and to copy and give parents for their tax records.[4]

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[1] Varying rates according to parental income is another valid option. If you do charge varying rates, it is important not to base your rates on a child's special needs arising from a disability. Generally, this is no longer allowed under the Americans with Disabilities Act. For more information on this, see CCLC's article, "Caring for Children with Special Health or Developmental Needs," Revised 1992 Edition, in this Handbook.

[2] See *Sample Daily Log* at the end of this article.

[3] See *Sample Monthly Log* at the end of this article.

[4] See *Sample Yearly Log* at the end of this article.

SHOULD I MAKE BILLS FOR PARENTS?

Some providers do. They give parents an invoice or bill at the end of each pay period (week, month, etc.).[1] The *Sample Invoice with Contract* form is both an invoice and a simple contract (agreement) between parent and provider as to what will be charged for care.

If you use the contract-invoice form, fill out the top portion and have the parent sign it when you agree to care for a child. Then record the care given and fees due on the bottom half. This form can be photocopied and used as is, or copied onto both sides of a large (4x6) index card and kept in a file box.

There is an increasing demand for the use of an invoice with tax information[2] for parents who claim a child care tax credit. This form should be filled out by you at the beginning of each calendar year for the previous year. A separate form should be done for each tax-paying parent. You will be required to give the parents your Tax Identification Number (TIN), which will most likely be the same thing as your social security number. You can either include your TIN on the invoice form, or you can fill out an IRS form W-10[3] for each taxpaying parent.

ARE THERE PRINTED FORMS OR LEDGERS THAT I CAN USE INSTEAD OF MAKING MY OWN?

Yes. One set of bookkeeping materials designed especially for family day care homes is The Calendar Keeper. It is a book which includes a monthly planning calendar, attendance forms, income and expense forms, an envelope for receipts, and more. It is available from Redleaf Press, 450 North Syndicate Street, Suite 5, St. Paul, MN 55104.

If you receive payment through any federal or state subsidy programs, such as an alternative payment program or a child care food program, standard forms can be obtained from your local resource and referral agency.

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1. See *Sample Invoice with Contract* form at the end of this article.

2. See *Sample Invoice with Tax Information* form at the end of this article.

3. See *Form W-10* at the end of this article.

SAMPLE INVOICE WITH CONTRACT

Child's Name ________________________ Date ____________________

Person(s) Responsible for Payment ______________________________________

Agreed Payment Rate: $_______ per ________________ (Regular Hours)
hour, day, week, month

$_______ per ________________ (Extra Hours)

Basis of Charges: *(Check one)*
☐ Hours present at the family day care home ;
- or -
☐ Hours reserved for care

Signature of Parent(s) ____________________ Signature of Provider ____________________

Record of Services Provided & Payment Received				
Time & Date of Care	Amount Due	Date Due	Amount & Date Received	Balance

NOTE: This form can be photocopied and used as it appears above, or it can be copied onto two sides of a large index card and kept in a file box. It is important to keep this form up-to-date.

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SAMPLE DAILY LOG

Date	Child's Name	Time		Amount Due	Date Due	Date Paid	Balance
		In	Out				

NOTE: A Daily Log of all children in care is useful is (a) you care for drop-in children, (b) you care for subsidized children, (c) you charge by the hour, (d) you charge different fees to different parents. It may be more detailed than necessary if none of the above apply to your home.

SAMPLE MONTHLY LOG

Month of *(check one)*

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June
☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Child's Name	Dates Attended Family Day Care Program	Total Amount Due	Date Due	Amount Paid	Balance

NOTE: A monthly log is useful when you charge by the day, rather than by the hour. It's useful whether you charge according to time reserved or to time actually used.

Sample Yearly Log

Name of Child ______________________

______________ per ______________
Rate of Payment

	DATE OF THE MONTH																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

NOTE: A Yearly Log is kept for each child. This form is useful as a record of your taxes and to copy and give parents for their tax records. You can record the care by the day, week or month depending on whether you charge by the day, week or month.

SAMPLE INVOICE WITH TAX INFORMATION

BANANAS Child Care Payment Statement for 1992

1. Name of Parent/Guardian:

2. Name of Provider:

3. Provider's Address:

4. Name of child/children from this family that are cared for	5. Date of Care in 1992		6. Total Child Care Expense for 1992
	From Month-Day	To Month-Day	

5. Amount of 1992 Child Care Expenses Actually Paid	6. Amount of 1991 Child Care Expenses paid in 1992 (if any)
$	$
$	$
$	$
$	$
$	$
$	$

Additionally, you are now required to provide your taxpayer identification number to parents if requested. You may choose to include it on this form or use IRS form W-10 (see sample).

NOTE: This form was prepared by BANANAS, Inc. to assist you in giving parents the information they need to take a state or federal child care tax credit.

Form **W-10**
(Rev. August 1992)
Department of the Treasury
Internal Revenue Service

Dependent Care Provider's Identification and Certification

Do NOT file Form W-10 with your tax return. Instead, keep it for your records.

Part I **Dependent Care Provider's Identification** (See instructions.)

Please print or type

Name of dependent care provider	**Provider's taxpayer identification number**
Address (number, street, and apt. no.)	If the above number is a social security number, check here ▶ . . . . ☐
City, state, and ZIP code	

Certification and Signature of Dependent Care Provider.—Under penalties of perjury, I, as the dependent care provider, certify that my name, address, and taxpayer identification number shown above are correct.

Please Sign Here	**Dependent care provider's signature**	**Date**

Part II **Name and Address of Person Requesting Part I Information** (See instructions.)

Name, street address, apt. no., city, state, and ZIP code of person requesting information

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General Instructions

(Section references are to the Internal Revenue Code.)

Purpose

You must get the information shown in Part I from each person or organization that provides care for your child or other dependent if:

1. You plan to claim a credit for child and dependent care expenses on your Form 1040 or 1040A, or

2. You receive benefits under your employer's dependent care plan.

If either **1** or **2** above applies, you must show the correct name, address, and taxpayer identification number (TIN) of each care provider on **Form 2441,** Child and Dependent Care Expenses, or **Schedule 2,** Child and Dependent Care Expenses for Form 1040A Filers, whichever applies.

You may use Form W-10 or any of the other sources listed under **Due Diligence** on this page to get this information from each provider.

Penalty for Failure To Furnish TIN

Taxpayer identification numbers are needed to carry out the Internal Revenue laws of the United States. Section 6109(a) requires the providers of your dependent care services to give you their TIN. The IRS uses the TIN for identification purposes and to help verify the accuracy of the provider's return as well as yours. Providers must give you their TIN even if they are not required to file a tax return.

A care provider who does not give you his or her correct TIN is subject to a penalty of $50 for each failure unless the failure is due to reasonable cause and not willful neglect. This penalty does not apply to an organization described in section 501(c)(3). See **Tax-exempt dependent care provider** on this page.

If Incorrect Information Is Reported

You will not be allowed the tax credit or the exclusion for employer-provided dependent care benefits if:

- You report an incorrect name, address, or TIN of the provider on your Form 2441 or Schedule 2, and
- You cannot establish, to the IRS upon its request, that you used due diligence in trying to get the required information.

Due Diligence

You can show due diligence by getting and keeping in your records any one of the following:

- A Form W-10 properly completed by the provider.
- A copy of the provider's social security card or driver's license (in a state where the license includes the social security number).
- A recently printed letterhead or printed invoice that shows the provider's name, address, and TIN.
- If the provider is your employer's dependent care plan, a copy of the statement provided by your employer under the plan.
- If the provider is your household employee and he or she gave you a properly completed **Form W-4,** Employee's Withholding Allowance Certificate, to have income tax withheld, a copy of that Form W-4.

If your care provider does not comply with your request for one of these items, you must still report certain information on your Form 2441 or Schedule 2, whichever applies. For details, see the Form 2441 or Schedule 2 instructions.

Specific Instructions

Part I

The individual or organization providing the care completes this part.

Enter the provider's name, address, and TIN. For individuals and sole proprietors, the TIN is a social security number. For other entities, it is the employer identification number. If the provider is exempt from Federal income tax as an organization described in section 501(c)(3), see **Tax-exempt dependent care provider** below.

How to get a TIN.—Providers who do not have a TIN should apply for one immediately. To apply for a number, individuals and sole proprietors should get **Form SS-5,** Application for a Social Security Card, from their local Social Security Administration office. Other entities should get **Form SS-4,** Application for Employer Identification Number, from their local Internal Revenue Service office.

Tax-exempt dependent care provider.—A provider who is a tax-exempt organization described in section 501(c)(3) and exempt under section 501(a) is not required to supply its TIN. Instead, the provider must complete the name and address lines and write "tax-exempt" in the space for the TIN. Generally, an exempt 501(c)(3) organization is one organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or for the prevention of cruelty to children or animals.

Income tax reporting requirements for dependent care providers.—The individual provider must report on his or her income tax return all income received for providing care for any person. If the provider is a self-employed individual, the income is reported on Schedule C or C-EZ (Form 1040), whichever applies. For information on reporting this income, see the Instructions for Form 1040.

Part II

Complete this part only if your care provider is going to return the form to you later.

☆ U.S. GPO: 1992-312-699/60118

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YOUR TAX OBLIGATIONS

By the Staff of Child Care Law Center

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Operating a family day care program comes with certain tax obligations. Because it can be, and often is, income producing, family day care providers are required to pay income tax on their profits. Generally, family day care programs are treated as small businesses under the tax laws, and providers are treated as self-employed individuals. Providers who hire assistants must also comply with the tax requirements applicable to employers. On the other hand, because of the unique nature of family day care homes, some different rules apply that, for the most part, can ease the tax burden of a family day care provider.

The trick to fulfilling your tax obligations, while taking advantage of the tax breaks offered to family day care providers, is to check out all of your options and responsibilities, and to keep up-to-date on your records and filing requirements. This article will cover some of the basic information you will need about family day care income tax obligations, deductions and credits, income and expense record keeping, withholdings and filing requirements, commonly used forms, the child care tax credit, and employer tax obligations.

It is important to know that, as a family day care provider, you may deduct both your actual business expenses and the cost of using your home for your day care business in determining your federal income taxes. But remember that the burden of proving these expenses is on you, the taxpayer, and not on the IRS. You must itemize your business expenses.

This means that you must list each expense you claim and, if you are audited, you will be required to show receipts for the purchases and other expenditures you have claimed. In order to avoid problems and save as much as possible on your taxes, keep a record of all day care expenses and keep all receipts. One simple way of doing this is to open a separate checking account for your day care business. Pay for all day care purchases from that account. It is best to save receipts as well as canceled checks.

You should also keep a record of each part of your home which is used for day care and of the average amount of time each part is used. When you know these things, you will be able to fill out the necessary forms.

If you employ assistants or make more than $400 a year in profit, you have additional tax responsibilities which are explained in this article.

DO I HAVE TO PAY TAXES IF MY PROFITS ARE LOW?

Yes, if you make any profit (called "income" under tax laws), you must pay taxes. And if you don't make at least a small profit every few years, the IRS may decide that your family day care home is a hobby rather than a business.

WHAT KINDS OF EXPENSES CAN I DEDUCT?

If you are licensed, you can deduct all the costs of operating your day care home, including the cost of using the home itself. It will be helpful to keep a separate book for recording expenses, or to keep expenses on a separate page from income in your business records.

Remember to record all costs related to your day care home, including direct and indirect expenses. The lists below include many typical expenses, but you may have additional items of your own.

Direct Expenses (the total amount spent can be claimed)

- Advertising
- Art supplies and books for children
- Dues for professional associations
- Education and books (for you) related to day care business
- Field trips and entertainment (who, where, cost and mileage)
- Food (for day care business)
- Gifts (who, why and cost)
- Insurance (for day care business)

Direct Expenses (cont'd)

- Office or business expenses (include supplies, legal fees, tax preparation and license or business permit fees)
- Postage
- Paper goods
- Wages and benefits for substitutes or assistants
- Toys, Indoor
- Toys, Outdoor
- Telephone -- second line, if it is used only for your business

Indirect Expenses (Expenses incurred partly for business and partly for personal reasons)

- All mileage or transportation due to day care business;
- Phone-related expenses, such as long distance calls, call forwarding and call waiting, answering machine, or telephone directory advertising. The cost of a telephone can also be depreciated;
- Maintenance or cleaning expenses for home, including household supplies;
- Repairs and improvements of home, furniture and appliances; and
- All expenses related to your home. These include rent or mortgage payments, utilities, and home equipment bought for the use of both the day care children and your own family, such as the refrigerator, a computer, certain furniture, the lawnmower, etc.

New family day care providers should be aware that any expenses, either direct or indirect, that you incur before you are ready to begin doing business are considered "business start-up expenses." Start-up expenses are deductible, but you will have to depreciate them over a period of several years. The amount of time over which you must depreciate an expense varies significantly depending on the type of expense.

WHAT KINDS OF RECORDS DO I NEED?

You need an "itemized" list -- a list of each expense -- that includes the amount spent, the day, and the item (or service) purchased. You also need receipts for each purchase. Get into the habit of keeping all receipts in an envelope, shoe box or other container, and keeping a chronological record of expenses. If you do not have proof of each expense, it can be disallowed by the IRS. If this happens, you will have to pay additional taxes to cover the disallowed deductions. You can either make your own ledger book, get one from your local resource and referral agency or local family day care association, or buy one.

It is best to set up your ledgers ahead of time with a separate category for each kind of expense. The ledger (*Sample Monthly Ledger*) at the end of this article shows the major categories for most day care homes. If you take time at the beginning of each year to set up these pages, they will serve to remind you of what to record each month.

WHAT OTHER INFORMATION WILL I NEED TO PREPARE MY TAXES?

In addition to a record of expenses, you will need the things listed below when you (or a tax consultant) prepare your tax returns. It's a good idea to keep all of these things together in one place since you'll be using them year after year:

- Records showing the total cost of your home;

- A property tax bill for the year you started your business, and for the current year;

- Records showing cost of furniture, appliances, carpeting, etc. and the value of each item when your started your business;

- Your family day care license;

- The square footage of the rooms in your home regularly used for child care;
- The total square footage of your home;
- The amount of time your home is used for child care; and
- Your previous year's tax return.

WHAT IF I NEED HELP WITH MY TAX FORMS OR TAX RECORD?

Many day care associations and resource and referral agencies offer workshops in February, March and April to help providers with their taxes. In addition, some have printed guides for providers.

You may want to pay a tax consultant or accountant to prepare your tax returns. If you decide to hire a tax specialist, be sure s/he knows or is willing to learn about family day care tax law, which is unique and not widely known. Don't assume that just any tax professional can do a good job for you. Either get the name of one experienced in family day care taxes from your association or resource and referral agency, or take this article with you and show it to the tax person the first time you meet. Remember that you can deduct the cost of this professional's fees on your income tax returns.

HOW DOES THE FEDERAL TAX LAW TREAT FAMILY DAY CARE BUSINESSES?

The federal tax law includes special rules for individuals who use their personal residence on a regular basis in the trade or business of providing day care services to children, the disabled, or the elderly. This means that, as a family day care provider, you can deduct all business expenses, like any other business, and you can deduct business-related home expenses without having to meet the "exclusive use test" applied to other home businesses. Other home-based businesses may only deduct expenses for items that are used exclusively for the business, and cannot deduct expenses for items that have a combined household and business use. For example, a home-based furniture maker could only deduct the expenses for his specialized tools, if his other tools had a shared function for household maintenance and repairs as well as furniture making. Family day care providers, on the other hand, can make partial business deductions for expenses that are shared between the household and the family day care business. The amount deductible for these expenses is known as the *time-space percentage*. To qualify for business-related home expenses, your home must be licensed or exempt from licensing, or you must have applied for a license.

Deductible home expenses are calculated by deriving the time-space percentage of your home expenses that are used for child care. The allowable expenses to be deducted on a time-space percentage basis can include property taxes, mortgage interest, rent, house repairs and maintenance, utilities, house depreciation, personal property depreciation, major home and land improvements, household supplies, hours spent on preparing activities and meals, and more. The deductible amount for each of these expenses is based on the percentage of space you use in your home to provide the child care services compared to the total square footage, and the percentage of time your home is used for child care out of the entire year.

TIME-SPACE PERCENTAGE

$$\frac{\text{\# hrs home used in business}}{\text{Total \# hrs in a year}}$$

Times (x)

$$\frac{\text{\# sq ft of home used (regularly) in business}}{\text{Total \# sq ft in home}}$$

Equals (=)

Time-Space Percentage

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HOW DO I FILL OUT MY TAX FORMS?

Remember that the details of the tax law and the forms frequently change from year to year. The IRS instructions, a tax consultant, or a tax workshop will help you with each particular year's requirements. For up-to-date information and tax workshops, contact your association or resource and referral agency.[1]

WHAT FORMS DO I NEED?

IRS Form 1040 (Itemized Income Tax)

IRS Form 1040, Schedule C (Profit or Loss from a Business)

IRS Form 8829 (Expenses for Business Use of Your Home)

IRS Form 4562 (Depreciation and Amortization)

IRS Form 1040, Schedule SE (Self-employment Social Security tax)

IRS Form 1040, Schedule ES (Estimated Tax for Individuals)

IRS Form 10-W (Dependent Care Provider's Identification and Certification)

WHEN MUST I PAY SELF-EMPLOYMENT SOCIAL SECURITY TAXES?

If you are a sole proprietor or a partner in a partnership and the net profit that you make is more than $400 per year, your profits are subject to a Social Security self-employment tax. Call IRS Information Service for forms and more information. There is no California Self-Employment tax, but you can elect to be covered by state disability and unemployment insurance.

WHEN AM I REQUIRED TO PAY ESTIMATED TAXES EACH QUARTER?

If you are a self-employed person, and if at the end of the year you will owe at least $500 of income tax, you must file an Estimated Tax Return (Schedule 1040 ES) each quarter of the year (on the 15th day of April, June, September, and January). You can avoid having to pay quarterly if you or your spouse (if you file jointly) already have 90% or more of your total annual tax bill withheld through other employment, or if you had no income tax liability for the previous year. If your individual or combined withholding allowance does not amount to 90% or more of your tax bill, and you want to avoid filing a 1040-ES quarterly, you can increase your or your spouse's withholding allowance by filing a new W-4 Form with your or your spouse's employer.[2] Call IRS Information Services for forms and more information.

WHAT IF PARENTS ASK FOR MY SOCIAL SECURITY NUMBER FOR THEIR TAX FORMS?

Beginning with the 1989 tax year, parents are required to report on IRS Form 2441 the correct name, address and social security number of the child care provider in order to claim the child care credit. You can provide this information on IRS Form W-10, "Dependent Care Providers - Identification and Certification." [3] If you prefer not to use your social security number, you can obtain a new Tax Identification Number (TIN) from the IRS.

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[1] Another useful resource is The Family Day Care Tax Workshop by Tom Copeland, published by Redleaf Press, 450 North Syndicate, Suite 5, St. Paul, MN 55104.

[2] See IRS Publication 505 (Tax Withholding and Estimated Tax) for assistance in calculating the proper withholding allowance for you and your spouse.

[3] See CCLC's article, "Business Planning and Bookkeeping for Your Family Day Care Home," 1992 Revised Edition, in this Handbook.

WHAT OTHER INFORMATION DO PARENTS NEED FROM ME IN ORDER TO GET THEIR CHILD CARE TAX CREDIT?

The only other information parents need from you is the following:

1. the name of each child in their family that you cared for during the tax year;
2. the dates of care provided to each child in the family;
3. the total child care fees you charged for each child in the family during the tax year;
4. the total amount actually paid to you for the care of each child in the family during the tax year. (Don't count money still owed to you for that year).

This information can be conveyed to the parents in two ways. In addition to properly completing IRS Form W-10, it will be very helpful to parents if you prepare a child care payment statement for every family whose child or children you cared for at any time during the year, including children who are no longer in your care.[1]

If you cared for a child whose care was paid for by divorced or separated parents who share custody of the child, you should prepare two forms -- one for each parent -- showing only the amount that individual paid. Just one parent will be eligible for the tax credit, but both should receive a statement from you. Which parent is eligible for the credit is a question parents should take to a tax specialist, a lawyer, or the IRS.[2]

ARE THERE ANY OTHER TAX CREDITS I SHOULD KNOW ABOUT?

Yes. There are two important tax credits you should know about in addition to the child care tax credit:

Earned Income Tax Credit: Eligibility for this tax credit has expanded significantly. If your family has an annual income less than $21,250, and you have a child who is under the age of 19 (24 if she or he is a full-time student), you may receive a tax credit of up to $1,191 for one child, and up to $1,234 for two children. Additional tax credits for newborns and health insurance premiums are also available.[3]

Disabled Access Credit: Making your home more accessible to the disabled, or purchasing equipment or services to help you accommodate disabled children, may qualify you for this credit. The allowable credit is 50% of any amount exceeding $250 but less than $10,250.01 paid for a given expenditure covered by this credit, with a maximum credit of $5,000 per year. To receive this credit, file **IRS Form 8826, Disabled Access Credit**.[4]

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[1] See *Sample Invoice with Tax Information* in the article, "Business Planning and Bookkeeping for your Family Day Care Home," in this Handbook.

[2] You might also want to recommend to parents that they purchase a copy of The Child Care Tax Credit: A Booklet for Parents from Child Care Law Center, 22 Second Street, 5th Floor, San Francisco, CA 94105.

[3] See IRS Schedule EIC for more information.

[4] For more information about this credit, and for information about an additional tax deduction available for architectural access changes, see IRS Publication 907, and CCLC's article, "Caring for Children with Special Health or Developmental Needs," 1992 Revised Edition, in this Handbook.

WHAT ARE MY TAX OBLIGATIONS IF I HIRE AN ASSISTANT?

If you regularly hire someone to help you care for the children or to care for them while you take time off, you are an employer and as such have certain legal responsibilities. The basic tax obligations are summarized here.

Federal requirements. If you pay any amount of salary to an employee, you must:

1. Fill out Form I-9 to verify if the employee is a U.S. citizen or legally eligible to work in the U.S.;
2. Get a Federal Employer Identification Number (Form SS-4 Application);
3. Pay Social Security at the current rate (which must be matched by the employee's payroll deduction). You will need to file Form 941 on either a monthly or quarterly basis (depending on the amount withheld);
4. Withhold Federal Income Taxes based on the employee's amount earned and her/his withholdings (Form W-4 -- Employee's Withholding Allowance);
5. Deposit payroll income taxes with the IRS;
6. Pay Federal Unemployment Taxes Annually (Form 940 -- FUTA), unless exempt; and
7. Report annually to the IRS and to your employee all wages and withholdings (Forms W-2 and W-3).

For more information and necessary forms, call your local IRS Information Service. That office can send you IRS Circular E, Employer's Tax Guide. Most also give workshops on small business practices.

State Requirements. The State of California requires these things of day care providers who hire an ongoing assistant or who pay the same substitute more than $50.00 in any calendar quarter:

1. Obtain a State or Federal Employer Identification Number.
2. Withhold State Income Taxes based on the employee's amount earned and her/his deductions.
3. Withhold State Disability Insurance (SDI) from your employee's pay.
4. You, as the employer, pay unemployment insurance tax. The tax rate varies from year to year and from employer to employer.
5. You must purchase Workers Compensation Insurance program. For more information and a free booklet, contact your local Worker's Compensation Office.
6. Under the current California family day care regulations, all regular assistant caregivers must be fingerprinted and receive a criminal clearance from the Department of Justice. The Child Abuse Central Registry (maintained by the Department of Justice) must also be checked.

For more information, and forms on a State Employer Identification number, withholding State Income Taxes, State Disability Insurance or Unemployment Insurance, contact your local office of the State Employment Development Department (EDD).

SAMPLE MONTHLY LEDGER

Record for the Month of: ______________________________

Expenses *(Defined as items which are completely used up during a single year.)*

Item	Total (for this month)	Total (for year to date)
Advertising	0.00	46.50
Art Supplies	6.00	49.00
Dues for Family Day Care Association	10.00	50.00
Education, Books & Magazine Subscriptions related to Family Day Care Business	0.00	80.00
Field Trips	26.50	143.25
Food	112.00	563.00
Gifts	12.05	26.05
Insurance	0.00	200.00
Maintenance or Cleaning Expenses	6.50	32.50
Office or Business Expenses	25.00	94.00
Postage	0.00	10.00
Paper Goods	6.00	39.50
Repairs	0.00	40.00
Substitutes & Assistants	60.00	160.00
Telephone (Second Line)	13.00	65.00
Toys (Indoor)	0.00	80.00
Toys (Outdoor)	110.00	205.00
Mileage	7.5 miles	165.5 miles

Pro-rated Expenses *(Defined as items which are either not completely used up in a single year* _or_ *which are not exclusively used for the family day care business. List amount attributable to your child care business for the year.)*

Item	Total (for this month)	Total (for year to date)
Auto Expenses (28¢/mile)	2.06	45.50
Gas & Electric	33.00	103.00
Rent	420.00	2,100.00
Garbage	7.00	35.00
Water	24.00	120.00

INSURING YOUR PROGRAM: LIABILITY INSURANCE

By the Staff of Child Care Law Center

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You are preparing lunch for the children in your program and you accidentally spill boiling water on a child standing near the stove. The child's hands are badly burned.

* * * * *

Child care providers constantly face situations where there is exposure to liability. So it's important for you to take preventive measures to shield yourself and your program in the event of a lawsuit. Maintaining a good safety program, following applicable licensing requirements, and purchasing insurance are important preventive measures that should be taken for your protection.[1]

This article discusses liability insurance for child care programs: how it works, what types of coverage are available, and how to decide what coverage you need. Also discussed are alternative means of covering your liability and their legal effect in the event of a lawsuit: homesteading your home, purchasing a bond, and contracting with parents to limit your liability.

WHAT DOES IT MEAN TO BE FOUND "NEGLIGENT"?

Child care providers have a legal duty to act with reasonable care while supervising the children in their custody. This duty is placed on providers both because of child care licensing laws and because of their position as caregivers to children for part of the day. When a provider fails to use reasonable care and a child is consequently injured, the provider is said to have "breached his/her duty of care," or "acted negligently."

HOW DOES LIABILITY INSURANCE WORK?

Liability insurance is purchased to cover a child care program for injuries which occur because of negligence. If a child is injured while in your care, the parents might sue to obtain money damages if they think the injury was caused by the negligence of you or your assistant. If you have general liability insurance, the insurance company will defend you if you are sued. If the court decides that you are "liable" (meaning your negligence caused the child's injury and therefore you should pay compensation), the company will pay the money judgment up to the limits of the policy.

AM I REQUIRED TO CARRY LIABILITY INSURANCE?

In California, family day care providers are required to provide for liability protection in one of the following three ways:

1. Carry liability insurance covering bodily injury to children and guests caused by negligence of the provider or an assistant ($100,000 per occurrence, $300,000 annual total); or

2. Purchase a bond in the amount of $300,000 to cover liability for child injuries; or

3. Require a signed affidavit from parents of enrolled children stating that they are aware that the provider carries no liability insurance or bond, and, if the provider is not the owner of the family day care home, containing a statement disclaiming the property owner's

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[1] Some of the material for this publication has been adapted from "Am I Covered For ... ? A comprehensive Guide to Insuring your Non-Profit Organization (Second Edition)." This is an useful resource for understanding insurance for non-profit organizations, and has a lot of useful information that can be applied to small businesses as well. The book can be purchased from: Consortium for Human Services, PO Box 1183, San Jose, CA 95108. The price of the book is $11.50 and prepayment is required.

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liability. The form for these affidavits can be obtained from your licensing agency.

The bond and affidavit are alternative methods that have been used in an attempt to cover a provider's liability. Unfortunately, their ineffectiveness for giving protection makes the purchase of liability insurance the only reasonable and safe option for providers. Most providers cannot obtain or afford the right kind of bond to cover their liability. Likewise, the affidavit merely informs the parent that you carry no insurance: it gives no protection whatsoever if a parent decides to sue you. The affidavit is different from a "waiver of the right to sue," which attempts to have parents agree not to sue the provider at all. The effectiveness of affidavits and waivers, as well as other alternative methods used by providers to cover their liability, are discussed in more depth later in this article.

WHAT KINDS OF LIABILITY INSURANCE ARE AVAILABLE? WHAT DO THEY COVER?

Liability insurance can be purchased to give general liability coverage, specific coverage, or a combination of the two, purchased as a "package." Because of cost, most family day care providers who have liability insurance limit their coverage to general liability. To reflect this, this article will go into much more detail on general liability coverage than specific coverage. A brief discussion of the different types of specific coverage available can be found later in this article.

General Liability Coverage

General liability policies usually cover these four kinds of cost when the insured's negligence causes injury:

- Bodily or personal injury to others, which includes physical injury, pain and suffering, sickness and death;
- Damage to other people's property, including both destruction and loss of use;
- Immediate medical relief at the time of the accident;
- The legal cost of your defense if you are sued. The insurance company will pay for your defense even if the suit is groundless or fraudulent.

Homeowner's, Owner's, Landlord's or Tenant's insurance policies are examples of General Liability Insurance under California law; but any injuries or property damage arising out of a family day care operation will not be covered by these policies. In order to cover liability arising from the operation of the day care business, you will need to purchase a General Liability policy separate from any Homeowner's, Owner's, Landlord or Tenant's policy you or your landlord may have.

A Basic General Liability policy for your family day care program should cover all four costs listed above that might arise out of the operation of your day care program. A Basic General Liability policy will only cover costs from injuries that occur at the program site.

Commercial General Liability (replacing Comprehensive General Liability) insurance, stretches the coverage much further, so that the four costs will be paid even when the injury occurs away from the program site. If your program includes off-site activities such as field trips at a nearby playground, Commercial General Liability coverage is needed to cover you on those occasions.

In addition, Commercial General Liability coverage automatically includes many types of coverage previously excluded even under Comprehensive General Liability. In the past, this coverage could only be added as specific coverage for an extra premium. Some of the new coverage automatically included in most Commercial General Liability policies are:

- Personal injury, such as libel, slander, defamation of character, and invasion of privacy;
- Contractual liability, for injuries caused to others by agencies, foundations or individuals with whom your program might enter into a contract (for services or other support to your program); particularly useful for renters, especially if their lease has a "hold harmless" clause, where the tenant agrees not to sue the landlord for injuries occurring on the premises;
- Fire damage, particularly useful for renters. This will cover any fire damage caused to the portions of a building not occupied by your program, if the damage is caused by your program. Your renter's insurance will also not cover fire damage to your residence if it is caused by your program; a specific liability policy would have to be purchased to cover this;
- Employee's acts, when they are acting within the scope of their duties;
- Products liability, if someone is injured from your "products." For example, someone might become ill from a cookie they eat at a bake sale you hold for fundraising.

WILL A HOMEOWNER'S OR HOME-BUSINESS POLICY PROVIDE LIABILITY COVERAGE FOR FAMILY DAY CARE?

A homeowner's insurance policy is a form of general liability coverage that you might already have on your home. Under current law, it is against public policy for a residential property insurance policy to provide liability coverage for losses arising out of, or in connection with, the operation of a family day care home. Therefore, you will need to obtain a separate endorsement or insurance policy to cover the operation of your family day care home; you should not rely on or expect your homeowner's insurance coverage to protect you from liability resulting from providing child care in your home.

On the other hand, insurance companies cannot arbitrarily cancel, or refuse to renew, a homeowner's policy solely on the basis that the policy holder is a licensed family day care provider. Such an arbitrary cancellation shall subject the insurance company to administrative sanctions by the State Department of Insurance. Contact their office in Los Angeles or San Francisco if your homeowner's policy is canceled because you are running a family day care home. Insurance companies can cancel your homeowner's policy if there was a material misrepresentation of fact, a substantial change in risk since the policy was issued, or a non-payment of the premium, or if the insurance company is no longer writing homeowner's policies.

WHAT IS THE DIFFERENCE BETWEEN A "CLAIMS MADE" AND AN "OCCURRENCE" POLICY?

General liability policies can be written as either "claims made" or "occurrence" policies. With an occurrence policy, you will be covered for any insured injury that happens while the policy is in effect. It doesn't matter when you are eventually sued -- even if you had canceled the policy by the time of the suit. On the other hand, with a "claims made" policy you will be covered if the insured injury happens while the policy is in effect, but ONLY if the policy is still in effect when the suit is filed. Since the long-term effects of an injury aren't always immediately known, it is preferable to obtain an occurrence policy, and at the very least, to know which type of policy you have.

DO CHILD CARE PROGRAMS NEED "PROFESSIONAL LIABILITY" OR MALPRACTICE INSURANCE?

There is currently some debate over whether child care services constitute "professional services" requiring a special type of insurance coverage called "Professional Liability Insurance." If a liability policy specifically excludes or includes coverage for professional services, you should find out whether the insurance policy defines child care as a "professional service."

WHO IS COVERED BY THE PROGRAM'S LIABILITY INSURANCE POLICY?

This really involves two questions: (1) will the program be covered if sued for the negligent acts of any assistant you have? and (2) will the assistant be covered if s/he is sued individually for his or her negligent acts? It is important that the program prepare for either possibility when purchasing liability coverage.

EMPLOYEES. Your program's general liability insurance will cover the program if it is sued because of the negligent acts of its employees, but only when they were acting within the scope of their duties. However, if employees are also named in the suit, the policy usually won't pay for their defense or any judgment against them. This can be remedied by adding your employees as "additional insureds" on the general liability policy. Often, some amount of coverage for additional insured is included in the broad form commercial general liability policy.

VOLUNTEERS. Volunteers that work for a child care program usually are not covered by the program's liability policy, even if the employees are added as additional insured. Coverage for volunteers can only be obtained through a separate "additional insured" policy specifically for volunteers. Under this policy, volunteers are protected if they injure someone or damage property while acting within the scope of their volunteer duties. As with the additional insured-employee policies, these are usually blanket policies, and it will not be necessary to name individual volunteers.

WHO ELSE SHOULD BE INCLUDED IN THE LIABILITY POLICY?

Frequently, landlords will require that they be named on the provider's insurance policy as "additional insureds." It is generally in the landlord's best interest to do this because the landlord's, owner's or homeowner's policy will probably not protect the landlord from liability for most injuries that occur in the day care setting. However, landlords may be named as co-defendants in suits against tenant-providers. If the landlord is named on the liability policy covering the day care program, the insurance would cover the cost of both the landlord's and tenant's defense, and any part of the settlement or judgment against either party, up to the policy limits.

If the landlord requests in writing that she or he be named on the liability policy, the provider is required by law to do so, unless naming the landlord in the policy would result in the policy being canceled. Any increase in premiums resulting from naming the landlord on the liability policy must be paid by the landlord.

WHAT IS NOT COVERED BY LIABILITY INSURANCE?

It is also important to know what liability insurance policies do not cover:[1]

- Accidents where no one is at fault. Liability insurance is not "no fault" coverage. Thus, if a child is injured while in your care, but there is no one at fault, your liability insurance policy will not cover the accident. For this reason, and because many injuries to children are not anyone's fault, an additional policy covering accidental injuries is worthwhile to consider. Many of the group insurance policies available to child care programs include both types of insurance.

- Transporting children. General liability policies do not cover an injury which occurs while a child is riding in an automobile. Auto liability insurance is always written as a separate policy. If you transport children in your vehicle, or one owned by an employee or by one of the parents, make sure there is adequate auto insurance.

- Property damage. General liability insurance does not cover damage to your property, whether it's owned, rented, or leased. Property insurance is always written as a separate policy.

It is essential that you read your insurance policy carefully to make sure that you really understand all of its provisions. It is also important to note any exclusions in the policy and additional liability coverage which is purchased. If you find there are certain provisions you don't understand, ask your insurance agent or broker. If you still have questions, you might seek the help of a lawyer.

WILL LIABILITY INSURANCE COVER MY PROGRAM, OR AN EMPLOYEE, IF I AM SUED OVER AN INCIDENT OF ALLEGED CHILD ABUSE?

Not in California, because child sexual abuse is always considered under California insurance law to be an intentional criminal act. A recent California Supreme Court case exempted liability insurers from covering sexual abuse, because liability insurance only covers civil liability for unintentional acts that result in harm (like accidents), and not intentional criminal acts. Liability insurers do not have to provide a defense or coverage for damages for child sexual abuse because the act itself is considered, as a matter of law, to be an intentional criminal act. As a general rule, no liability insurance can be purchased to protect against the wilful or criminal acts of program staff. In fact, most policies state that sexual abuse and molestation are excluded from coverage.

Some states do not preclude insurance companies from offering coverage for child sexual abuse, but you may have to purchase separate coverage for sexual abuse and molestation. While many general liability policies state that they exclude sexual abuse from their coverage, a specific liability policy may be available for this. For more details, see the section later in this article on specific liability coverage.

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[1] See CCLC's article, "Insuring Your Program: Property and Vehicle Insurance," Revised 1992 Edition, in this Handbook.

Whether the program itself could be civilly liable for child abuse by an employee or volunteer is an unsettled area of the law. The particular terms of the policy should be understood regarding coverage if the program if sued for negligent hiring of the allegedly abusive assistant, volunteer or family member. While coverage may not be available for the act of sexual abuse itself, some coverage may be available for negligent hiring.

HOW MUCH COVERAGE IS ENOUGH?

Family day care insurance is offered in fairly standard amounts. If you do have a choice, it might be wise to ask other providers in your area how much coverage they carry. In California, family day care homes must carry a minimum of $100,000 per occurrence and $300,000 annual total coverage if they choose to have liability insurance. While insurance is the safest method of ensuring coverage for liability, acceptable alternatives to purchasing insurance under California licensing law are to either purchase a bond or to obtain signed affidavits from parents (see the section later in this article on alternative methods of covering liability).

Liability insurance is written on either a "split limit" basis or a "single limit" basis. The single limit policy is often recommended because of its flexibility. For example, if the program was sued for negligence and found liable for $75,000 bodily injury and $25,000 property damage, a $100,000 single limit policy would provide complete coverage. Conversely, with the same suit, a split limit policy of $50,000 personal injury and $50,000 damage would leave the program having to pay $25,000 out of its own funds to cover the bodily injury award.

CAN I PURCHASE ADDITIONAL COVERAGE BEYOND THE LIMITS OF THE POLICY?

If you can afford it. If it is available, excess liability coverage can provide extra amounts of coverage above the limits of the basic general liability insurance policy. For example, if you purchase a $100,000 comprehensive general liability policy from Company A, you could buy an excess liability policy from Company B that would provide another $400,000 coverage. The combined total coverage would be $500,000. The second policy would provide extra liability coverage only after the basic policy paid on the claim to its limits.

HOW DO I PURCHASE LIABILITY INSURANCE?

Liability policies can be purchased directly from an agency or broker, or sometimes through a child care association. If you are experiencing difficulty in locating insurance, contact your family day care association or child care resource and referral agency for information about group policies or names of companies which are insuring child care programs. You will also find a partial list of insurance companies that offer coverage for family day care programs at the end of this article. It may be worthwhile to shop around among various insurance providers as insurance costs often vary dramatically.

If you are currently insured but experiencing other problems (e.g., your homeowner's insurance is threatened because of your day care home, or your

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liability policy was canceled without notice), contact the California Insurance Commissioner for assistance.

WHAT ARE SOME OF THE SPECIFIC TYPES OF LIABILITY COVERAGE AVAILABLE BEYOND GENERAL LIABILITY?

General liability policies usually have "exclusions" -- these are specific instances when the policy will not cover your program. To cover liability under the following circumstances, it is necessary to purchase specific liability policies in line with the program's needs:

Fire Legal Liability

If you rent or lease your home or apartment, fire legal liability is necessary to cover you for fire damage to the building caused by your negligence. Even with Commercial General Liability coverage, your residential premises will not be covered for negligent acts arising out of your day care program. Although your landlord probably has fire insurance, if you or your program cause a fire on the premises, your landlord's insurance company will pay your landlord's claim and then attempt to collect the cost of repair to the building from you.

The amount of a fire legal liability policy should be enough to completely restore the portion of the building that you are occupying in the event of a total loss. The premium is generally lower than what the building owner would pay.

Sexual Abuse And Molestation

While these policies are not available in states where sexual abuse is, as a matter of law, an intentional criminal act, some carriers may still offer coverage for sexual abuse and molestation. If offered, there is normally a sub-limit of liability for these cases that constitutes the total amount the company will pay for both the defense and the settlement or civil damages. If the insurance company covers the cost of defense for a provider or employee, and the provider or employee is found liable for the child's injuries, the insurer would not pay the money judgment, and it might try to collect the cost of the defense from the provider or employee.

Non-Owned Auto Liability Coverage

This can be important coverage if your program uses a parent's, volunteer's, or assistant's vehicle to transport the children. Even if the owner of the vehicle has their own insurance on the vehicle, your program may be sued if an accident occurs. The vehicle owner's coverage may not provide coverage for your program, or if it does, the coverage will probably be minimal. A non-owned auto liability policy provides coverage for injuries and property damage for which the program is held liable, except that it does not protect the driver. If the driver has her or his own automobile insurance, or if a separate "Volunteers' and Employees' Excess Auto Liability Insurance" policy is in place for the program, the driver will also be protected.

Other Specific Liability Coverage

The special types of coverage under Commercial General Liability policies that are not a part of a Basic General Liability plan, may also be purchased separately, together with the Basic Liability plan. If you wish to have all of the coverage included in Commercial General Liability policies, purchasing the Commercial plan is most likely going to be the most economical way to get the coverage. But, if you do not want all the coverage offered in a Commercial plan, it may be worth it to explore the possibility of tailoring a combination of Basic General and Specific plans to suit your needs and your budget. The following are some of the types of coverage automatically included in most Commercial General Liability plans, but can also be purchased separately as Special Liability coverage: Premises-Operation (off-site occurrences); Products Liability; Personal Liability: Fire Damage Liability; Additional Insured-Employees; and Contractual Liability.

ARE THERE ALTERNATIVE METHODS OF COVERING MY LIABILITY IN CASE OF A LAWSUIT?

There are several alternative methods to insurance coverage that have been used by child care providers trying to prepare against the possibility of being sued and found liable. It must be emphasized that none of these methods is as effective as purchasing appropriate liability coverage, and some have dubious legal effectiveness if you end up in court.

Bonds. Although California law gives family day care providers the option of purchasing a bond to provide liability coverage, in reality, a bond which covers bodily injury would be difficult, if not impossible, to obtain. Bonds are simply not designed to cover bodily injury the way general liability insurance policies are.

If you decide to try purchasing a bond, make sure that it covers bodily injury, and that it is not a "fidelity bond" (fidelity bonds are for recovering money embezzled by employees). Such a bond would cover the damages only if the provider were sued and s/he could not afford to pay the judgment. In this case, the provider is said to be "bonded," and parents are "assured" that expenses for injuries caused by the negligence of the provider will be paid. The bond would not pay for legal expenses to defend the lawsuit, which would be covered under a general liability insurance policy.

Parent Affidavits Showing Knowledge of No Provider Insurance. The purpose of requiring parents to assert in writing this awareness is basically to make sure they know you have no insurance. This does not release you from legal responsibility if you are negligent and a child is injured as a result.[1]

Parent Waivers/Releases from Liability. These can serve the same purpose as the Parent Affidavit, in that they inform the parents of your inability to cover liability if they sue you. Unfortunately, they will probably not give any protection from liability in the event that a parent decides to sue.

Courts are generally hostile to waivers of liability or the right to sue and will refuse to enforce them when the waiver interferes with a strong "public interest." Because child care is regulated by the government, and providers are held to a high standard of care toward children, a court will probably recognize this high standard of care as an important public interest that cannot be contracted away by the parents' signing a liability waiver. Moreover, parents generally do not have the right to waive a child's right to sue. The probable result is that the parent liability waiver would be voided by the court, leaving the provider completely open to liability for his/her negligence. So even if the parent was led to believe that s/he had contracted away the right to sue, an angry parent or one with a seriously injured child would likely consult a lawyer and decide to sue anyway.

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[1] See sample form in CCLC's article, "The Family Day Care License," Revised 1992 Edition, in this Handbook.

Homesteading your home. In California, if you are a homeowner, you can protect a portion of your home's value in the event of a lawsuit against you by "homesteading" it. The amount of protection is determined by your family makeup, your age, or your ability to work at the time the successful plaintiff seeks to enforce a money judgment against you.

> $100,000 if you or your spouse is 65 years or older, disabled, or can't work, or if you or your spouse is 55 years or older and earns less than $15,000 per year, or
>
> $75,000 if you or your spouse is a member of a family unit that has at least one family member without any interest in the homestead (e.g., a child), or
>
> $50,000 if none of the above applies.

If you are sued, it is best to formally homestead your home by filing the appropriate form with the County Recording office immediately, before a judgment is entered against you. You are only allowed to declare one residence as your homestead. Once declared, the amount of protection is secured against most kinds of creditors in the event that you are successfully sued. However, homesteading will not protect your home in any of the following situations: 1) where your home was put up as collateral on a loan (e.g., a mortgage), 2) where a lien has been placed on the property to force payment for home improvements or repairs by a builder, 3) where the government is seeking payment of taxes, or 4) where a money judgment is entered against you before the homestead has been declared.[1] If you fail to declare homestead on your home before a judgment is entered against you, you will have very few protections for the equity in your property if you are unable to pay the judgment up front. Filing bankruptcy, for example, offers protection for significantly less of the equity in your home than does homesteading.

While formally declaring your home a homestead offers welcome liability to the equity in your home, there is no need to file a Declaration of Homestead unless you have been or are likely to be sued. Once homesteaded, it will be more difficult to secure future loans or mortgages, since the creditor would probably be unable to fully recover his/her money from you in the event of a default. If you have previously homesteaded your home and wish to cancel it at a later date, you may do so by either filing a Declaration of Homestead for a different property, or by filing a Declaration of Abandonment on the property originally homesteaded.

State laws vary significantly on what property is protected from judgments, the amount protected, and the formal steps, if any, required in order to protect your property. If you are outside California, your State Bar Association may publish information specific to your state on how to "exempt" your home from the enforcement of a judgment.

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1. With a mortgage, as you make payments you accumulate "equity," (that is, a portion of the house's value that you legally own). When you homestead your house, the equity that you accumulate with your mortgage payments is protected up to the homestead limit (see previous page). This means that if someone successfully sued you, and to pay the debt your house had to be sold, then any amount of equity you had accumulated up to the homestead limit would be paid back to you after the sale.

HOW TO "HOMESTEAD" YOUR HOUSE IN CALIFORNIA

Homesteading is not expensive and it is not difficult to do yourself. Any homeowner can file a Declaration of Homestead, and it is the prudent thing to do if you are, or anticipate, being sued. Here is how to do it:

(1) Buy a Homestead Form from your local stationery store, or type up your own from the sample owner's form included at the end of this article. Be sure to use the appropriate form: "Husband and Wife," "Unmarried Head of Household," "Unmarried, Not Head of Household," "Husband," or "Wife."

(2) Fill out the front of the form. It is a simple form with blanks to fill in. To do so, you will need a legal description of the property you are homesteading. The property description in your deed is a legal description, and you can copy this onto your form (make sure you copy it exactly and completely as it appears on the deed).

(3) Have the back of the completed form notarized by a Notary Public (there is usually a small charge for this). Your bank may do this at no charge.

(4) Take the completed, notarized form to your County Recorder's Office, usually located at the county courthouse, and file it there (again, there may be a small administrative fee).

(5) When the stamped, dated and filed form is returned to you, keep it in a safe place with your other important papers, including your deed.

Note that if you have filed a Homestead as a husband and wife and later divorce or separate, you should re-file as an individual homeowner. Also, if you later wish to cancel the Declaration of Homestead on your home (so as to sell it or use it to secure a loan), you must file a "Declaration of Abandonment" form with the County Recorder's Office.

DECLARATION OF HOMESTEAD BY OWNER*

I, *(full name of homestead owner)*, declare that I am the owner of the following property:

> *[Here, insert a legal description of the property, including a specific description of the principal dwelling thereon, e.g., "All the real property situated in the City of Berkeley, County of Alameda, State of California described as follows: (legal description of lot from the deed), together with an eight room residence, garage, and other improvements thereon."]*

I claim this property and the dwelling house thereon as a homestead for the benefit of myself and my family. This property is my principal dwelling and I actually reside in this property as of *(date declaration is recorded)*.

Date:____________________, 19____.

Signature:____

I, (full name of owner), declare that I am the declarant herein. The facts stated in this declaration of homestead are known to be true as of my own personal knowledge.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at City of ________________________, County of ___________________________,

State of California, on ____.

Signature:____

[ADD: ACKNOWLEDGMENT BY COUNTY RECORDER]

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* Be sure to use the appropriate form for husband and wife, declarant, declarant spouse of owner, etc.

Insurance Companies Which Offer Coverage For Child Care Facilities

Not all insurance companies offer liability coverage for child care facilities. Those that do may have some restrictions on what type of child care programs they cover -- in which states they are allowed to provide coverage, what their exclusions and policy limits are, and any number of other variables. Because each provider must find a policy that can be tailored as closely as possible to the individual needs of her or his program, and because prices and types of coverage can vary significantly from one company to another, it is up to each provider to exercise her or his consumer rights and shop around.

If you are not sure where to begin, the following is a partial list of some of the insurance companies that do offer some form of liability coverage for child care programs. We are not making any recommendations or endorsements about the quality or extent of coverage offered by any of these companies. It is up to you to do the leg work and to decide whether any of these companies, or any other insurance companies, can offer you the coverage you need.

Aetna Life & Casualty Group
151 Farmington Ave.
Hartford, CT 06156
(203) 273-0123

Allstate Insurance Company
51 West Higgins Rd.
South Barrington, IL 60010
(708) 551-2000

BMF Marketing
15250 Ventura Blvd., Ste. 1012
Sherman Oaks, CA 91403-3288
(800) 624-0912

Chubb & Son, Inc.
15 Mountain View Rd.
P.O. Box 1615
Warren, NJ 07061-1615
(908) 580-2516

CNA Insurance Companies
CNA Plaza
Chicago, IL 60685
(312) 822-7898
[also known as: Continental Casualty Co., Transportation Insurance Co., National Fire Insurance Co. of Hartford, Transcontinental Insurance Co., American Casualty Co. of Reading, Valley Forge Ins. Co., CNA Casualty of California, Columbia Casualty Co., and CNA Lloyd's of Texas]

ITT Hartford Insurance Group
Hartford Plaza
Hartford, CT 06115
(203) 547-4215

St. Paul Companies
385 Washington St.
St. Paul, MN 55102
(612) 221-7911

State Farm Fire & Casualty Co.
112 East Washington St.
Bloomington, IL 61701
(309) 766-2616

U.S. Investment Group of Insurance Companies
1030 Continental Dr.
King of Prussia, PA 19406
(215) 688-2535
[also known as: United States Liability Insurance Co., Mount Vernon Fire Insurance Co., and U.S. Underwriters Insurance Co.]

For more detailed information about these and other insurance companies that offer liability insurance to child care providers, see *Insuring Your Future: Liability Insurance and Child Care* from the Child Care Action Campaign, 330 Seventh Avenue, 17th Floor, New York, NY 10001, (212) 239-0138.

INSURING YOUR PROGRAM:
VEHICLE AND PROPERTY INSURANCE

By the Staff of Child Care Law Center

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This publication is designed to provide accurate and authoritative information on the topic covered. It is made available with the understanding that the publisher is not engaged in rendering legal or other professional advice. If legal assistance is required, the services of a competent lawyer should be sought. As with any publication, be sure to check whether the information contained within remains current.

A parent volunteer at the day care home is driving children to the pool when the car is struck by another driver. A child is injured, and her parents threaten suit against the volunteer driver and you, the provider. The volunteer driver is very upset because his insurance rate will go up due to this accident.

There was a fire at your house last night. Old wiring apparently started a fire in your office -- and while the fire was fairly contained, all your administrative files have been badly damaged. Smoke and water damage to the rest of the house requires you to stop providing care in your house for several weeks. Over the next two hours, you will be answering the same question for five different parents: "What's going to happen to your family day care business?"

* * * * *

Automobile and property insurance are essential elements of all child care programs. The purpose of having these types of insurance is to cover the cost of unexpected, unaffordable damages: serious injuries to children, destruction of your home, equipment, or vital documents, and resulting financial losses if the program is forced to close for repairs.

This article discusses the different types of auto and property insurance coverage: what coverage is recommended, who should be covered, and what are appropriate amounts of coverage.

AUTOMOBILE INSURANCE

IS AUTO INSURANCE NECESSARY? WHAT DOES IT DO?

Automobile insurance is required by law for all drivers in California. If your program transports children by car, such as on field trips, auto insurance is essential. The frequency of auto accidents and their potential for serious injury are risks that must be prepared for.

Even if a provider uses public transportation, or has a volunteer or assistant drive the children for field trips, the risk is not borne by the driver alone. If an accident occurs, and a lawsuit follows, it is very likely that the program itself will be named as a defendant along with the driver. If the program is found even partially responsible for the injury or damage, its only protection against paying a large injury award would come from its insurance policies.

A good auto insurance policy will cover most of the costs following an auto-related child injury. If you were driving your vehicle at the time of the accident, a good policy will pay for your defense in the event of a lawsuit, and will pay any settlement or money judgment (up to the policy limit) that you would otherwise have to pay.

Family day care providers should read their policy carefully to make certain that the use of the vehicle in their program is covered. The frequency and/or regularity of transporting children may make a difference in the type of vehicle insurance that you need. If you transport the children under your care frequently, you may be required to upgrade your auto insurance from a family use policy to one for commercial use.

Often, insurance companies will include a "deductible" in the policy: an amount the insured (you, the person purchasing insurance) must pay out of his/her own pocket before the coverage takes over. Usually, a policy with a higher deductible is the least expensive. A wise provider will use this deductible liberally, to keep the program's insurance record clean and its rates as low as possible. Insurance should be considered a large "rainy day fund," to be dipped into only in the event of a large damage claim "downpour."

WHAT TYPES OF COVERAGE ARE AVAILABLE FOR AUTOS OWNED OR USED BY A PROGRAM?

The following is an overview of some of the more common types of coverage for program-owned autos. These different types of insurance usually are written with a deductible of $100-$500. Often an agent will offer a package of several different types of coverage at a rate less than the separate purchase price.

In most states, there are three types of auto insurance coverage that are mandatory:

- Bodily Injury Liability, which covers physical injury to others, usually people outside of the insured's auto;
- Property Damage Liability, which covers damage to property outside of the insured's auto;
- Uninsured Motorist Protection, which covers the passengers in the car for the cost of injuries from an accident caused by an uninsured motorist or hit-and-run driver.

Some states now require no-fault coverage as mandatory coverage, which replaces the three types of coverage listed above. In addition to mandatory forms of coverage, optional forms of coverage can include:

- Collision, which covers damage to the insured's car;
- Medical Payments, which covers the medical costs of the driver and passengers in the insured vehicle, but usually with a limit (e.g., $1,000 per person);
- Underinsured motorist protection, which covers injuries sustained by the insured or passengers in the car caused by an underinsured motorist;
- Comprehensive, which covers most physical damage to your car other than by collision (e.g., vandalism, storm damage);
- Fire, Theft, and Combined Additional Coverage for Physical Damage, which covers specific causes of physical damage, usually written in place of the comprehensive coverage (e.g., separate policies for damage from earthquake, hail, vandalism).

WHAT TYPES OF COVERAGE ARE AVAILABLE WHEN RENTAL, EMPLOYEE OR VOLUNTEER-OWNED AUTOS ARE USED?

There is coverage available for programs that use others' cars to transport children. It is most important to know that the drivers of the other cars are themselves adequately insured.

- Non-owned Auto Liability covers injuries arising from an accident if the program was using a parent's, volunteer's, or assistant's vehicle to transport the children. Even if the owner of the vehicle is insured, her or his insurance may not cover, or may only minimally cover, your child care program's liability. This coverage gives protection to the program itself, although it will not cover the injuries of the driver. This coverage is usually not available alone; it is purchased as an addition to the program's general liability or program-owned auto insurance policy.
- Volunteer's and Employee's Excess Auto Liability covers injuries to the driver if the vehicle transporting the children is owned by a parent, volunteer, or assistant. This coverage may not be necessary if

the driver owns the vehicle and the vehicle is insured.

- Hired Auto Liability Insurance is sold as an addition to the program's general liability policy and offers coverage over and above the (usually minimal) limits provided with rental car agreements. It is usually inexpensive, and its coverage is limited to short-term rental vehicles used by the program to transport children.

HOW MUCH COVERAGE IS ENOUGH?

Experts suggest purchasing the highest limits of auto liability insurance your program can afford. A bare minimum amount of coverage should be no less than $300,000 bodily injury per person, and the same amount for property damage.[1] While some insurers may not offer many choices on policy limits, many do. If there is a choice, it is usually possible to increase coverage significantly, particularly at the higher levels, without a great increase in the premium price. For example, $1 million worth of coverage will probably cost only about 25% more than does $300,000 worth of coverage.

As with liability insurance, auto insurance is written on either a "split-limit" basis or a "single-limit" basis. Almost all policies offer the single-limit policy, and it is recommended because of its flexibility. For example, if the program was sued and found liable for $750,000 bodily injury and $250,000 property damage, a $1,000,000 single-limit policy would provide complete coverage. Conversely, with the same suit, a split-limit policy of $500,000 personal injury and $500,000 property damage would leave the program having to pay $250,000 out of its own funds to cover the bodily injury award.

WHAT ELSE CAN BE DONE TO DIMINISH THE RISKS INVOLVED IN TRANSPORTING CHILDREN BY AUTO?

Regardless of the type of insurance purchased by the program, there are several ways that transportation risks can be diminished.

- Utilize safe automobiles. Vehicles used should be in good condition, and all children should be in car safety seats, or seat belts, depending on their size and age.

- Utilize safe drivers. The program should check to see that drivers have current licenses and should make inquiries about driving history.

- Require safe driving habits. Drivers should be told to take no unnecessary risks while driving (e.g., stop on the yellow light), and to closely observe the posted speed limit. Also, the driver should be directed never to move the car until all children in the immediate area are accounted for.

- Arrange adequate supervision for the children. If a child passenger is injured in an accident which occurred because the driver was distracted by the day care children, the program could be sued for negligent supervision. Therefore, it is important to have adequate supervision and to enforce rules forbidding children from shouting or wrestling in the car.

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[1] Most states have minimum requirements for auto liability coverage, and the minimum required amounts may be lower than the amounts used in the example in the text of this article. For instance, in California, the minimum policy limits for liability for personal injury are $15,000/$30,000 (depending on the number of injured parties), and $5,000 for property damage. These amounts are extremely low, and should be viewed strictly as bare minimum amounts. To the extent your program is able, though, it is a good practice to carry policy limits that reflect the amounts you may realistically be held liable for in the event of an accident that involves your program. The amounts we use in the text of this article are reflective of this practice.

- Require adequate insurance coverage by the auto owner. To make sure the auto is currently insured, you could ask the owner for either a photocopy of the policy or a certificate of insurance from the insurer. Be sure to check the dates of the coverage, and check for exclusions on the policy (e.g., the driver is limited to driving the car within a 50-mile radius).

- Utilize child safety seats. Use only approved safety seats that meet the legal requirements, and always secure the children before driving them anywhere -- even a block away. You should have a safety seat for each child you transport who is under four years of age or who weighs less than 40 pounds.

PROPERTY INSURANCE

IS PROPERTY INSURANCE NECESSARY? WHAT DOES IT DO?

If you own the residence where you provide child care, it should be insured against fire and other perils. Usually the bank that holds your mortgage will require you to purchase some form of building or homeowner's insurance. This is because if your building were to burn down uninsured, the bank would immediately try to collect the remaining amount owed on the mortgage from you. This would be true even though by paying the balance you would only gain full rights to a mound of ashes, and you would still need to finance the construction of a new building.

Obviously, most child care providers do not have this kind of financial flexibility. In this example, adequate property insurance would not only pay off the bank, but it would also pay to replace the building, your equipment, supplies, and records, and it would cover your expenses while the program is closed for rebuilding.

If you rent or lease space, your landlord will usually carry insurance on the building. However, some leases require that tenants purchase their own or additional insurance on the building. Check your lease to see if this is required.[1] If you do purchase renter's or property insurance, you are not required to name the landlord in your policy. The landlord should carry her or his own property insurance on the building.

Property insurance will protect your property from damage, but will not protect you from liability for injuries to people or to the personal property of others that may occur as a result of your operating a child care program, even if the program is operated out of your home. A policy separate from homeowner's, renter's, or other forms of property insurance will need to be purchased if you wish to be protected from liability.[2]

WHAT TYPES OF PROPERTY INSURANCE ARE AVAILABLE? WHAT DO THEY COVER?

Property insurance can be

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[1] Tenants should consider the purchase of fire legal liability insurance which covers a tenant who causes a fire. If you, as a tenant, cause a fire, your landlord's insurance company will first pay off the landlord's claim, and then will try to collect that amount from you. If you had fire legal liability insurance, it would pay this amount for you.

[2] See CCLC's article, "Insuring Your Program: Liability Insurance," 1992 Revised Edition, in this Handbook.

purchased to protect you for three different kinds of damage:

- Damage to your home ("real property" or "realty" in legalese);
- Damage to your equipment, supplies, or records ("personal property");
- Consequential damage to you or your program (e.g., the cost of your salary while the program is closed for repairs).

Coverage for both realty and personal property can be purchased on either a "listed causes of loss" or a "special physical loss" basis. Insurance written on a "listed causes of loss" basis will cover your property only for damages caused by a peril specifically named in the policy (e.g., only damage from fire, lightning, vandalism or other peril listed on the coverage page). In contrast, "special physical loss" insurance will cover your property for damages from all perils that are not specifically excluded in the policy. The type of policy you purchase will generally dictate the perils covered by your policy.

Listed causes of loss: There are generally two types of policies available under this category:

- Basic causes of loss policy, is the most limited "listed causes of loss" policy. It will protect against fire and lightning, windstorm or hail, smoke, damage caused by aircraft or vehicles, riot and civil commotion, vandalism, malicious mischief, and sinkhole collapse, sprinkler leakage, and volcanic action.
- Broad causes of loss policy, will insure against all those covered by the basic causes of loss policy, plus breakage of glass, falling objects, weight of snow or ice, water damage, and the additional coverage of collapse.
- Special physical loss policy, is the most comprehensive policy available. It covers losses caused by almost anything. Typical exclusions on special physical loss policies are earthquake; landslide; the earth rising, sinking or shifting; war; nuclear radiation; flood; and property damage by insects such as termites.

Whichever type of policy you decide on, be sure to check which perils are included -- and which are excluded. Coverage on a special physical loss basis is usually recommended, since it is frequently the unexpected, unnamed peril that causes damage to your building or equipment.

Other kinds of coverage can be purchased separately to supplement a listed causes of loss policy or to cover a peril specifically excluded in a special physical loss policy. Typical coverages include:

- Earthquake damage;
- Overhead sprinkler leakage;
- Plate glass breakage;
- Valuable papers damage;
- Damage to records: accounts receivable;
- Damage to special equipment (e.g., video equipment, computers).

An important exception to realty and personal property insurance is flood insurance, which can only be purchased from the federally-administered National Flood Insurance Program. If you live in an area where flooding is a risk, contact your local office of the Federal Emergency Management Agency (FEMA) for information about how to purchase flood insurance.

In addition to realty and personal property insurance, you can purchase "Extra Expense" insurance to cover the cost of continuing your business after damage or destruction by an insured peril. This kind of coverage can pay for loss of earnings, moving expenses, and set-up costs to continue operating in another space.

HOW MUCH COVERAGE IS ENOUGH?

Insurance policies are written based on either the "actual cash value" or the "replacement cost" of the property. The actual cash value is the depreciated value of the property after use or wear. The replacement cost is the value of replacing the exact same piece of property, for example, the same square footage of the building or the same piece of equipment at current market rates.

Both actual cash value and replacement cost policies may be purchased on the basis of the "agreed value" of the building or on a "co-insurance" basis. To obtain insurance on the agreed value basis, you need to obtain a formal appraisal of your home. The policy will then be written at the amount fixed by the appraisal.

If insurance is purchased on a co-insurance basis, the insurance company will usually require that you insure the home for a minimum of 80% of its value at the time of loss (either replacement or stated value, depending on the policy) in order for the insurance company to cover the full amount. If the property is insured for less than 80% of its value, then the insurance company only pays a percentage of any loss.

To be fully insured in inflationary times requires regular reappraisal of the property's value. It is the responsibility of the insured to make sure the amount of insurance meets the 80% minimum. Consequently, you may wish to arrange for a regular escalation of the value (accompanied by an increase in your premium) or you may wish to "overinsure" your home initially in order to anticipate future inflation. Alternatively, you may wish to purchase a one-year policy and undertake an annual review of the value of the building. In determining the value of your building, you should deduct the cost of the land, landscaping, and any other items which the insurance will not cover anyway.

WHAT ELSE CAN BE DONE TO DIMINISH THE RISK OF PROPERTY?

Several things are recommended to diminish risks to your property and your program:

- Comply with licensing standards and inspect for hazards. Make sure your program has smoke detectors, fire extinguishers, and an evacuation plan in case of fire or other calamity. Run practice fire or earthquake drills periodically.

- Store important documents and equipment safely. Always keep vital papers (e.g., accounts receivable, deeds) in a metal or otherwise fireproof cabinet. Another method is to keep copies of these papers in a separate location. Expensive equipment such as computers and typewriters should be covered or kept away from display through windows at night.

- Make contingency plans in the event of a major loss. If the program is unexpectedly forced to close temporarily, you should have a plan set up beforehand to head off an otherwise crazed situation.

This plan should include:

- A procedure for notifying parents and staff;
- If applicable, an alternative site where the program will continue operating;
- A phone number for parents and staff to call for updates on the situation;
- Some financial planning (e.g., what are the program's continuing costs, regardless of whether it is operating or not);
- Volunteers who can be called when needed to help with clean-up tasks after damage has occurred.

OBTAINING LOANS FOR YOUR FAMILY DAY CARE BUSINESS

By the Staff of Child Care Law Center

Special thanks to Jane Moore, Attorney at Law, for her help with this article.

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Credit for remodeling or making minor changes in your home is available from many sources, including banks, finance companies, credit unions, savings and loan associations and credit card companies. The availability of credit to you depends on your personal credit history and your present financial situation. This article describes the various sources of credit. It also tells you how to estimate your chances of getting credit, how to represent your loan request as effectively as possible, and how to improve poor credit history.

WHERE CAN I GO FOR CREDIT TO REMODEL MY HOME FOR MY DAY CARE BUSINESS?

Different kinds of financial institutions offer lines of credit for remodeling homes. Here is a brief description of some of them.

- Credit Unions. These are cooperative associations of people who have something in common -- for instance, they all work for the same company or belong to the same union or church. Credit Unions offer much the same sort of credit "products" as commercial banks -- installment loans, savings accounts, etc. -- but the products are offered only to the members of the Credit Union, not to the general public. The advantage of obtaining a loan from a Credit Union is that their rates are often lower than those at commercial banks and finance companies.

- Finance Companies. (Industrial Loan Companies and Personal Property Brokers). These companies offer small consumer loans at higher interest rates than those offered by banks or credit unions. The smaller the loan offered, the higher the interest rate. The credit standards of these businesses are often less strict than those of banks and credit unions; it may be easier to get a loan, but the trade-off is the higher interest rate.

- Insurance Companies. You can often borrow from your insurance company against the cash value of your "whole" or "straight" life policy. You will be charged the amount you borrow, plus interest, which is quite low compared to other loan sources. Remember: until you repay the loan, you reduce the money your beneficiary will receive upon your death.

- Commercial Banks. Commercial banks offer installment loans, home improvement loans, home equity loans, as well as revolving credit lines, credit cards, and savings passbook loans. It may be best to go first to a bank where you already have a checking and/or savings account to get a loan.

- Savings & Loan Association. Savings associations were formed primarily to help people obtain financing for housing. Therefore, they are a good source for many to remodel a home. Today they offer mortgages, home equity loans, home improvement loans and saving passbook loans, and other consumer loans similar to commercial banks.

- State or Local Government Funds for Child Care Repair or Renovation. Some states and localities have developed loan or grant programs to assist providers in making renovations to meet licensing standards, or to improve access or safety. Check with your local day care association, resource and referral agency, or licensing office.[1]

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[1] If you predominantly serve children from low- and moderate-income families, community development block grant (CDBG) funding is one type of low/no-interest loan or grant which may be available to you from your city government.

What Kinds Of Loans Are Available?

Secured and Unsecured Loans. A loan is "secured" if the loan agreement requires you to pledge property to the creditor (the institution that lends you the money). The creditor then has rights in the property, and is able to sell the property and apply the sales proceeds against your debt if you don't repay the loan. Cars, insurance policies, real estate or savings deposits are the kinds of property people usually pledge. If a loan is made without a pledge of property, it is called an "unsecured" loan.

A lender is more apt to give an unsecured loan to a person who is more likely to pay the loan back. If the loan is for a large amount or the lender is somewhat worried about your ability to pay, the lender will be more likely to require that you secure the loan.

- Installment Loan. An installment loan is a loan of a specific amount of money which must be paid back in regular installments.
- Credit Card. Credit cards (Mastercard, Visa, etc.) can be used to buy a wide variety of goods and services from different stores. (Credit cards offered by oil companies and retail stores can only be used to purchase the products of the oil company or retail store.) Some bank credit cards have additional features enabling you to get a cash advance. Depending upon the size of your line of credit, the cash advance can be quite large and can be used for minor remodeling. However, on credit card loans the interest rate is very high; you pay substantially more for the money than for other kinds of loans.
- Cash Advance. A cash advance may be used with a checking account as well as a credit card. This type of checking account allows you to write a check for more than you have deposited in your checking account. The excess is really a loan to you at a high rate of interest.
- Home Improvement Loans. These loans are used to finance repairs, alterations, and improvements to family homes. The loan amount available varies with the purpose and the general economic conditions of the country at the time of the application. The maximum repayment period in home improvement loans varies according to the size of the loan. These loans are generally for two to six years.

Lenders have different standards for granting home improvement loans. Some lenders require the borrower to have a certain amount of "equity" in the home; this means that the home must be worth more than you owe on it when you apply for the loan. Home Improvement Loans over a certain amount are often available through a "second deed of trust;" this means that the borrower pledges the house itself as security of the loan. If the loan isn't repaid, the lender can, under certain conditions, force the sale of the house in order to get its money.

Home Equity Loans. Sometimes a lender will allow you to use the equity in your home as security for a loan. The loan itself may be used for a wide variety of purposes, including improvements to the home. The amount you can borrow depends upon your ability to repay the loan, your equity in the property, the lender's appraisal of the property value, and your credit-worthiness. Usually the

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lender then lends up to a certain percentage of the appraised value, minus the amount owed on the first mortgage. You can generally borrow more money with a Home Equity loan than with a home improvement loan. Sometimes Home Equity loans cannot be made if the property was originally financed through special government programs. You should always ask the lender about this if you have gotten a first mortgage through a special government program. Although interest rates may be attractive, you should be sure to investigate the fees charged by the bank for making such a loan.

WHAT ARE MY CHANCES OF GETTING A LOAN?

In the past, obtaining home improvement loans was almost impossible for women. Today, however, women are protected from discrimination in the granting of credit by many state and federal laws.

Your chances of getting a home improvement loan depend on your income, savings and other assets, and on how you have managed your other debts. If you have other loans, a "credit reporting agency" probably has a record of how well you have handled the payments as well as other information (such as any court judgments against you or bankruptcy). This is called a "credit report," "credit file," or "credit history." When you apply for a loan, the lender reviews this report, and determines, according to its own standards, if the loan is a good risk.

HOW CAN I SEE MY CREDIT RECORD?

You have a right, under federal and state law, to examine your credit files. You will be charged a small fee unless you are challenging a specific denial of credit. To get a copy of your credit file, ask the lender for the name and address of the credit reporting agency it uses and call for an appointment. The credit reporting agency must provide a trained person to explain the report to you.

WHAT CAN I DO IF I HAVE A "BAD" CREDIT RECORD? CAN I CORRECT THE RECORD IF IT IS WRONG?

You should review your credit record to see if it is "bad" because of problems you may have had in the past, or if there is incorrect information on the record. If there is incorrect information on the record, you can get it removed. The best way to do this is to write to both the original creditor and the credit reporting agency. You should explain the mistake. If you have any proof of your side of the story (copies of canceled checks, paid bills, or letters), include copies of these along with your letter. Ask the credit agency to remove the information from the credit report.

If you have a bad credit record because of late payment or non-payment of past bills, you will probably have to develop a new and better credit record. This may take some time. First think about why you were delinquent in paying bills or never paid your bills at all. If conditions have changed so that you now are a better credit risk with a more regular payment pattern, gather information that shows that you are now able to pay, such as proof of your or your spouse's income and records showing any loans you have paid back promptly. Give this information and copies of any records or documents to creditors when you apply for loans. Another tactic is to accumulate a savings account and then ask the bank or savings and loan association for a small loan, giving your savings account as security.

Be sure to make prompt payments on any new loans, so the payments will be recorded on your credit report. As you can see, it may take six months to several years to clear up a bad credit record. You must develop proof that you have now overcome the problems that led you not to pay those bills. You must convince the lender that you will repay any money it lends you.

Your librarian can help you locate useful materials on improving your credit rating; particularly noteworthy are the pamphlets on credit that many state bar associations make available to the public.

WHAT WILL I NEED WHEN I APPLY FOR CREDIT?

Most applications ask for the same sort of information, although the forms may be arranged differently. First, of course, the lender will want to know your name, address, and place of employment; what kind of work you do; and your income. In California, community property laws permit married persons to include their spouse's income as their own, so you should list your spouse's income as well. The lender will also want to know how long you have lived in your home and been on your job. The lender will ask you to list the checking and/or savings accounts you have. S/he will also ask you to list all your current debts (for instance, house loan, car loan, credit cards).

Do not try to hide any debts or obligations that you owe. If you leave out some of your debts, the lender is likely to discover them when reviews of your credit report are made. Hiding debts will be considered providing false information, and it may serve as a basis for the lender to deny your application.

If you are in business for yourself and do not have a regular salary, lenders usually ask that you submit proof of your income. Self-employed people, including family day care providers, are frequently asked to give a copy of their income tax reports. If you have a low income or a bad credit history, you might also be asked to find a "guarantor" for your loan. A guarantor is someone other than you or your spouse, who has a strong credit history and the ability to pay back a loan, and who agrees to pay back your loan in case you default on your payments.

HOW CAN I PRESENT MYSELF AND MY BUSINESS TO THE LOAN OFFICER?

The best way to present yourself and your business to a loan officer is to be well-organized, to the point, and willing to both ask and answer questions. You should have all the data needed to fill out the application at hand. You should have at least a rough financial analysis of the income and expenses of your day care home. Copies of your books showing enrollment and fee payments can be presented to the loan officer. You should be prepared to answer questions about the information you are presenting. The loan officer might ask you questions to determine how serious you are about your business, or to determine if s/he can help you find other credit alternatives.

Before going in to apply for the loan, you should get an estimate (better yet, two or three estimates) of how much the work will cost. Ask the contractor(s) for written estimates and bring copies with you when you apply for the loan. The loan officer will also want to know whether you have gotten the best estimate for the work, whether the contractor is licensed, and why the changes are needed. If changes must be made in order to increase your licensed capacity for children, explain this. In other words, you should be prepared to discuss your business and your application in great detail.

Remember that lenders are selling a product. Each lender offers a slightly different version of that product. You should, therefore, shop around to find out what different kinds of loans and services are available from different lenders, if interest rates vary, and whether any of the lenders charge a fee for the loan. Let the loan officer know that you are shopping around to get the best possible deal. You want the loan officer to know that you are a business person who is seriously interested in getting money to improve your business.

Don't worry about the loan officer's personal impression of you. You should concentrate on demonstrating:

(1) that you are a competent business person,

(2) that you are able to run a profit-making business, and

(3) that if you get a loan you will be able to repay it.

COLLECTING FEES OWED:
USING SMALL CLAIMS COURT

By the Staff of Child Care Law Center

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A parent owes you money. You have talked to her many times about her debt but you still haven't been paid. You suspect that she is about to move her child to another child care program.

A parent owes you money. He says he'll pay but keeps putting it off. You're pretty sure that he'll never pay, and you've lost patience with him. You feel that there's no way you can persuade him to pay you and you're ready to try forcing him.

Parents owe you money. They say they don't have the money to pay you, but you think they do have it and are just choosing to put child care last on the list of bills to be paid.

* * * * * *

Small Claims Courts, which are designed for people who are not lawyers, may be a reasonable solution to these problems. They are generally not very hard to use, and, in some instances, the court workers will help you fill out the necessary forms and answer your questions about using Small Claims Court.

If you live in California and you're in one of these situations, you may want to think about using Small Claims Court, as long as the amount owed is less than $5,000. Most family day care providers will not be dealing with debts greater than $5,000, but in the rare case that the amount owed is more than $5,000, you will probably need to contact a lawyer about filing suit in the regular Municipal Court.

If you live outside of California, contact your local Small Claims Court to learn what the maximum allowable amount is for Small Claims Court in your state.

If you take your case to Small Claims Court, the basic steps are:

(1) Fill out a one-page form;

(2) Notify the person you're suing that you have filed suit;

(3) Appear in Court on the scheduled date and tell the Judge why the person owes you money; present any written documentation or evidence of your claim; and

(4) Collect the money if you win the judgment.

Of course, it's not always quite that simple and some of the steps can get a bit tricky. Nevertheless, suing in Small Claims Court is something that anyone can do, and there are people and resource publications that can help you.

CAN I USE SMALL CLAIMS COURT IF I'M NOT A LICENSED PROVIDER?

If you live in California or another state where child care providers are required to be licensed, you probably will not be allowed to use Small Claims Court to collect a child care debt if your program is required to be licensed, but is not. The reason is that the court would consider you the operator of an "illegal" business, and therefore, any contract you entered into as part of the "illegal" business would not be enforced by the state.

DO MANY PROVIDERS REQUIRE PAYMENT IN ADVANCE?

Yes. Many providers find that this saves them a great deal of trouble and that parents are usually willing and able to pay in advance.

HOW CAN I PROTECT MYSELF IF I DON'T REQUIRE PAYMENT IN ADVANCE?

You increase your chances of being paid when you are very business-like in arranging payment. Make it clear to parents **what fees you charge** and precisely **when you expect to be paid**. You also lessen the risk of not being paid by requiring that parents pay on time.[1] Don't hesitate to remind parents that it is pay day, and to follow up immediately if payment is late.

WHAT IF A PARENT IS HAVING FINANCIAL PROBLEMS AND ASKS TO PAY LATE?

This is a difficult problem, and one that often occurs. If you can afford to wait, if you trust the parent, and if you want to do so, then agree to let the parent delay payment, or make a partial payment. But you should require the parent to write a note (signed and dated) stating when s/he will pay. If the parent is making partial payments, draw up a realistic payment plan with which you both can live. It is not a good idea to "carry" a parent very long. It becomes harder for the parent to pay as the debt builds up -- and you risk a greater loss.

WHAT KINDS OF RECORDS DO I NEED TO KEEP IN ORDER TO BE PAID?

You need a record of:

(1) the amount the parent agreed to pay you;
(2) the number of hours of care provided or contracted for[2]; and
(3) service provided and payment received.

Included in CCLC's article, "Business Planning and Bookkeeping for Your Family Day Care Home" in this Handbook is a sample form you can copy and use for this purpose.

WHAT IF A PARENT WON'T PAY ME AND I HAVEN'T KEPT RECORDS?

The parent still legally owes you money. The legal obligation to pay is based on the parent's agreement to pay and on your rendering services. The problem is that if you have no record of either the agreement **or** of the services rendered, it may be more difficult to convince the judge in Small Claims Court that the money is owed to you. However, it is not impossible.

WHY THREATEN TO SUE IN SMALL CLAIMS COURT?

Lawsuits, even in Small Claims Court, are unpleasant -- most people try very hard to avoid them. You should only consider taking such drastic action if you believe that the parent has no intention of paying you the money owed.

If the amount owed is important to you, and you are convinced that neither persuasion nor patience is going to get it, you may be ready to threaten the parent with Small Claims Court. In most cases, the threat of a lawsuit in a letter demanding payment by a certain date will be enough to persuade the parent to pay you if s/he possibly can.

In every case, the threat of being sued in Small Claims Court will make the parent angry at you. But, if you've reached the point of thinking about suing, you've probably already given up the idea of getting along with that parent and are ready to deal with her/his anger.

IS SMALL CLAIMS COURT THE SOLUTION TO THIS PROBLEM?

If you are so frustrated that you're thinking of suing for the money owed you, stop and consider these things:

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[1] For more discussion on this, see CCLC's article, "Child Care Contracts: Information for Providers," 1992 Revised Edition, in this Handbook.

[2] Both the amount of payment and the number of hours contracted for should be included in your parent-provider contract. For more information on what to include in your contract, see CCLC's article, "Child Care Contracts: Information for Providers," 1992 Revised Edition, in this Handbook.

(1) **Does the parent have the money to pay you (or are you pretty sure that s/he can get it)?** If the answer is no, suing won't help. If the parent has no money and there's no chance that s/he will be able to pay in the near future, then suing will be a waste of your time. In this case, you probably have no choice but to write off your loss.

(2) **Do you know where the parent is now?** In order to sue someone, you have to *serve* that person with a Summons and Complaint. In other words, s/he must be formally notified of the suit. The parent being sued must receive a copy of the Summons, either by someone delivering it to her/him personally, or by certified mail. If the parent cannot be located or no longer lives in the state, you will be unable to serve the parent, and therefore you will not be able to sue her/him.

(3) **Can you prove to the judge that the parent owes you the money?** If you can prove that you took care of the child and that you did not tell the parent that you would do it for free, then you can probably get a judgment for at least **some** of the money owed to you. But if the judge is not convinced about the terms of the contract between you and the parent, s/he may decide to compromise and give you only a portion of the money you claim.

If you can prove to the judge (1) that you and the parent agreed on a certain price for child care, and (2) that you took care of the child, then you have a good chance of winning and being paid. Of course, the best way of proving the agreement on the price is to have it in writing and signed by the parent, and to have attendance records to back you up. Show this written record to the judge -- and you'll probably get a judgment for the total amount of your request.

(4) **Is the amount of money significant enough to warrant going to court?** Realize that filing a claim in Small Claims Court will require some expenditure of time and money, so if the amount you are seeking is very small, it may not be worth the expense or hassle.

If the answers to these four questions are yes, and if you are a licensed provider or one who is not required by law to be licensed, then it's worth the time and effort to use Small Claims Court to collect the money owed to you.

HOW DO I BEGIN THE PROCESS USING SMALL CLAIMS COURT?

Usually, anyone who wants to use Small Claims Court to collect a debt is required first to demand payment from the debtor. With some courts, a simple oral request is sufficient; other courts require some form of written demand which may even need to be shown to the court clerk when you file suit. Check with the clerk at your local Small Claims Court to see what is required.

Regardless of the form required by your local Court, it is a good idea to start by sending the parent a letter demanding payment. This letter, called the *demand letter*, lets the parent know the basis of your claim that s/he owes you money. It tells the parent that you're serious about the debt and that you intend to sue to collect it. When you send a parent a demand letter, always **keep a copy** for your records. You may also wish to send the letter by certified mail to stress its importance and to document for the judge that the letter was received even if no response was given.

The letter alone may be enough to persuade the parent to pay you. If it is not enough and you have to go to Small Claims Court, then you will need the letter to tell the judge your account of the debt.

WHAT SHOULD THE DEMAND LETTER SAY?

Although the demand letter is important, it does not have to be long or complicated.[1] The letter should be typed if possible. It should be brief, and it needs to include all the important facts about your dealings with the parent regarding this debt, such as:

(1) the dates and amount of time you cared for the child;

(2) the total amount you charged for that amount of child care;

(3) any amount of the debt already paid by the parent; and

(4) the amount still owed to you.

The letter should end with:

(5) a demand that payment in full (or satisfactory payment arrangements) be made by a certain date; and

(6) a statement of intent to file suit in Small Claims Court if your demand is not met.

WHAT IF THE PARENT AGREES TO PAY?

It is safest to get this agreement in writing and the parent's payment in hand **before** you agree not to sue.

WHAT IF THE PARENT IGNORES THE DEMAND LETTER OR STILL REFUSES TO PAY?

If the parent ignores the letter or gives an answer you're not happy with, then it's time either to file suit or to give up on ever being paid. If you decide to file suit, here are the steps you usually need to follow.

Step 1: Filing the Suit. Go to the Small Claims Court Clerk's Office andcomplete the filing form, often called the *Plaintiff's Statement*. The Clerk will then type up an official form for you to sign. Once signed, you're officially a *Plaintiff* (the legal term for one who files a lawsuit). The trial date will then be set.

Here are some things you'll need to know when completing the Plaintiff's Statement:

- No one else can sue for you. To be able to sue you must be the *owner of the claim*, that is, the person to whom the money is owed.
- You can file suit in the county where your program is located or in the county where the parent you're suing lives.
- You must give the full name and address of each person you're suing. If you're suing both the mother and father, you have to give each person's name and address separately, even if they are married and living together.
- Most Small Claims Courts require that you send a demand letter before filing suit and that in it you demand payment of a specific amount. Bring a copy of your Demand Letter with you to the Clerk's office.
- There is a limit on the amount of money you can sue for. For example, in California you are limited to filing two claims per calendar year for amounts between $2,500 and $5,000. There is no limit to the number of claims one can file for amounts under $2,500. In other states, check with the court about the amount you may claim.

Step 2: Serving the Defendant. The person you're suing (called the *Defendant*) must be notified of the lawsuit. If s/he is not, there is no suit. The notification is called *service*, and it must occur several days before the court date. In California, service must occur (1) at least 10 days before the court date if the parent lives within the county of the court, **OR** (2) at least 15 days before the court date if s/he lives in another county. For other states, check with the local court about time limits for service.

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[1] See *sample letter* in CCLC's article, "Business Planning and Bookkeeping for Your Family Day Care Home," Revised 1992 Edition, in this Handbook.

In California, you, as the plaintiff, cannot **personally** give the papers to the parent, but there are several ways of getting them there. You can send the papers by certified mail, or pay the Court Clerk a small fee to do it for you; you can pay a process server to personally deliver the papers; or you can have a friend take them (a friend who won't be a witness in your case). The essential part is to be certain that the defendant personally receives the papers, and that you have proof that s/he received them. A *Proof of Service* form should be completed and returned to the court as evidence of proper service. If the defendant doesn't personally receive the papers (e.g., they were left tacked up on the door), then the service is improper and you will have to do it again.

Step 3: Your Day in Court. You must appear in Small Claims Court on the day scheduled and tell your side of the story to the judge. Evening sessions are held at most Small Claims Courts, so you probably won't have to miss work or find a substitute to have your "day" in court.

The following are some things to remember when you are in court.

- You will be the one to tell your side of the story to the judge. No one else can do it for you unless you don't speak English, in which case you should probably make arrangements with the court to have an interpreter present.

- It's a good idea to attend a session of Small Claims Court a few days before your case is scheduled. That way you'll know what to expect and you'll be more relaxed when you appear for your case.

- Be on time or a little early. If your name is called and you're not there, the case may be decided against you for that reason alone. This is called *default*. If this happens, you probably won't get another chance.

- Bring everything that you'll need to prove your case to the judge, and bring a copy of your license if you have one.

- Plan to make a brief presentation of a couple of minutes and present your important facts. Make your presentation as straightforward as possible and don't stray from the facts. Avoid arguing with the parent or interrupting, even if something said is inaccurate or untruthful. After the judge has heard the parent, s/he may ask you to reply or comment, so take careful notes and be prepared to calmly present your facts. Speak directly to the judge, not to the parent.

If you have a written agreement with the parent, you have the strongest case. Bring any of the following documents if you have them; bring the originals as well as two photocopies of everything (the judge may ask you to give copies to the Court and the parent):

- The **written contract** or agreement;

- A **record of care provided and payment received**; and

- **Canceled checks or receipts** for any payments already received. These will show the judge that the parent had been paying for the care before.

If you had only an oral agreement with the parent, you'll have a harder time proving your case. Any of the following can help you show that you are rightfully owed the money for your service:

- A witness, someone who heard you explain your charges for care to the parent and who will support your case.

- A record of care provided and payment received. This doesn't have to be formal. It can simply be a page from a tablet where you kept track of hours and payments.

- Receipts for payments received or canceled checks. These will show the judge that the parent had been paying for care and will show the amount s/he usually paid you.

- A parent who has used your program regularly, who can tell the judge the rate parents are accustomed to paying.

Always bring a copy of your demand letter and any answer from the parent that you received. It is useful in showing the judge two things: (1) what happened and why you're owed money, and (2) that you've made a reasonable effort to get the parent to pay you.

You will also need to show the judge that you have made reasonable efforts to keep your damages as low as possible. This is called *mitigating damages*. For example, if a parent is unable to pay you for a period of time, showing the court written evidence of an agreed payment plan (signed by both you and the parent) or a written demand for payment made shortly after the payment became overdue, will help to show that you made reasonable efforts not to let the amount owed get out of hand. Your duty to mitigate will most likely be met if your demand for payment sets out a reasonable period of time in which to receive payment, and a cut-off date for care of the child(ren) if payment is not received within the time allotted.

If a parent has removed his or her child from your care without giving you the amount of notice required in your contract and without paying your fees for that period, you should, theoretically, have the right to collect on the amount owed during the notice period, regardless of whether you mitigated damages during that period of time. But, realistically, judges are reluctant to grant damages for the notice period without the provider showing some effort to mitigate damages. Mitigation in this case means that you made reasonable efforts to fill the vacated slot and were unable to fill it.

HOW WILL I KNOW WHO WON?

Sometimes the judge announces the decision at the end of the hearing. The judge may also *take the case under submission,* which means that you will receive the decision in writing by mail.

Check with the Court Clerk to see how soon the decision, or *Notice of Entry of Judgment*, will be mailed to you after the trial.

CAN I APPEAL IF I LOSE? CAN THE PARENT APPEAL?

In most states, the person bringing suit has no right to appeal the decision. The defendant, on the other hand, does have a right to appeal to the lowest level state court if s/he loses in Small Claims Court. A successful appeal is unlikely, but it is a possibility. If the parent appeals, there will probably be a new hearing before the lowest level state court. In this case it is probably wise to contact a lawyer to represent you.

IF I WIN, HOW DO I COLLECT MY MONEY?

If you win, the job isn't over. You are now a *Judgment Creditor*. The Small Claims Court will not collect for you. You should wait to request payment until the parent can no longer file an appeal. In California, this would be 30 days after Notice of Judgment was mailed. After the time for appeal has passed, phone or write the parent and request payment. In most cases, the loser in Small Claims Court, the *Judgment Debtor*, will pay the winner when asked to.

Don't forget to include the costs of suing the parent in your request for payment. Filing costs and the cost of serving the parent are to be added to the money amount awarded you by the Court. Ask the Court Clerk for a *Memorandum of Costs* so that you can include these in your request for payment.

After requesting payment, if you still haven't been paid satisfactorily within two to three weeks, it may be necessary to force collection of your court award. In California, forcing collection involves the following steps:

Find the parent's assets. If the parent doesn't pay, the law requires her/him to provide you with a form called the *Statement of Assets*. This will tell you what income and property the parent has that you might obtain to pay your claim. The parent is required to return the form within 35 days of the *Notice of Entry of Judgment*. If the parent refuses to send you the form, you can ask the Court to impose penalties. You can also ask the Court to order the parent to appear and answer questions about her/his income or property. This is called an *Order to Appear for Examination.* Here, there might be a charge for serving the parent, but this can be added to your costs to recover from her/him.

Obtain an order to seize the parent's assets to pay your claim and your costs. After you find out about the parent's assets, you can ask the Court for a *Writ of Execution*. This is a court document that tells a law officer to take some property of the debtor to pay your claim. This property can include wages, bank accounts, a car, and property that is rented out or is part of the parent's business. Again, add any filing fees to the costs you seek to recover from the parent.

For more details on these steps and for additional help, see the resource list at the end of this article, or contact a lawyer. And don't give up hope. In California, judgments are good for ten years, and are renewable for another ten years. Chances are good that you will eventually get paid.

RESOURCE PUBLICATIONS FOR USING SMALL CLAIMS COURT

"Everybody's Guide to Small Claims Court," by Ralph Warner. Berkeley: Nolo Press, 1992. (All States version)

"Everybody's Guide to Small Claims Court," by Ralph Warner. Berkeley: Nolo Press, 1992. (California version)

"Collecting Your Small Claims Judgment," by Richard Elbrecht, California Department of Consumer Affairs, 1989.

"How Do I Use the Small Claims Court?," California State Bar Association Pamphlet, available from the State Bar at 555 Franklin Street, San Francisco, CA 94102 (Free). Send self-addressed, stamped envelope. Also available in Spanish.

"Using the Small Claims Court: A Handbook for Plaintiffs and Defendants," California Department of Consumer Affairs, available by sending a self-addressed, stamped 7x10 envelope to "Using the Small Claims Court," P.O. Box 310, Sacramento, CA 95802 (Free). Also available in Spanish.

- Sample Demand Letter -

Your Name
Your Address

Date

Parent's Name
Parent's Address

Dear Ms. Parent,

I am writing in regard to the amount you owe me for child care services provided to your child (Child's Name), at my family day care home in the months of October, November and December 1992. Please see the itemization below:

Amount Owed for child care services:

Child Care Provided	Amount Due
October 1992 (full time, entire month)	$380
November 1992 (full time, entire month)	$380
December 1992 (full time, two weeks)	$190
Total	$950

Amount Paid for Child Care	
October 1992	$200
November 1992	$100
December 1992	$ 0
Total	$300
BALANCE DUE	**$650**

I intend to file suit against you for the amount due plus my costs unless this debt to me is paid in full or satisfactory arrangements for its payment are made by (Date).

Please contact me immediately.

Sincerely,

Your Signature
Phone Number

The
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Working With an Assistant or Substitute

by Dan Bellm
California Child Care Resource & Referral Network

Nearly every family day care provider has an assistant or substitute to help her out from time to time -- when she is sick, or for an occasional hour or afternoon to get away and run errands, or perhaps for a week or two of vacation. Often this helper will be the provider's own teenage child, a relative or a neighbor. For a large family day care program for seven to 12 children, a provider needs to have an assistant working with her at all times.

No matter how occasional or informal such help may be, there are some important issues to consider. When someone steps in to help you -- whether you leave the children for a while, or the two of you work together -- you are in the position of being that person's supervisor and of making sure that this person understands and shares your rules and goals for the children.

Since being a "boss" or a "supervisor" may be new to you, here are some points you should remember to discuss with anyone who is going to be helping out with your group of children:

- Emergency procedures
- How discipline issues are handled in your program
- Any special information about different children's needs
- Your expectations of how adults should behave (for example, no smoking around the children).

Even if your assistant is a family member or a close friend, we recommend that you sit down with the person ahead of time to talk about your policies, procedures, and anything else you consider important. In fact, it's easy to assume that a family member or friend will automatically understand what you expect him or her to do -- and that assumption can lead to plenty of misunderstanding and trouble.

Another suggestion that some family day care providers have made is to pay any helper you use -- even family members or friends, because they find that people take the job more seriously and responsibly when they are paid.

Before you leave an assistant alone with the children, it's best to have the person visit the program and work with you a few times so that he or she will have a clearer idea of how you work and what you expect. This will also make the transition easier for the children if they have already become familiar with this new person and have seen the two of you working together.

If you are opening a program for seven to 12 children and need to hire an assistant, there are some further issues connected with having an employee, such as interviewing techniques, drawing up a contract, and withholding taxes, which you will need to learn about. We recommend the booklet on "Family Day Care Providers as Employers," available from BANANAS, Inc. in Oakland. You'll find it listed in this section with "Further Readings."

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Professionalism in Family Day Care

by Gary J. Kinley, Ed.D., and Delores Williams
California Child Care Resource and Referral Network

Professionalism. It's a word used frequently these days. Attend any gathering of family day care providers or others working in child care and chances are the discussion will eventually focus on professionalism.

It is true that family day care is a profession. But merely being a family day care provider does not make one a professional. Nor does calling oneself so make it a fact. Rather it takes a concerted effort to become a professional. It requires some time, some thought and a lot of energy.

Don't forget, "There is no conflict between being a warm, friendly, caring person and presenting yourself in an organized, businesslike manner to parents" (Copeland, 1991).

Each day will present opportunities for you to demonstrate that you are a professional. The following are some ideas that will help you establish yourself as a professional.

For the children in your care,

- Create a safe, clean and interesting environment that encourages play, exploration, and learning
- Provide a variety of activities which help children develop their social-emotional, intellectual, and physical skills
- Provide an environment that promotes good health and nutrition and contributes to the prevention of illness
- Allow children to develop self help skills such as dressing and feeding themselves
- Provide a supportive environment in which children can learn acceptable behaviors

For the parents of the children enrolled in your home,

- Share with parents your philosophy regarding care, as well as your policies
- Be ready to listen when one has a concern or even a complaint and then respond appropriately
- Encourage parent involvement in the program and support the child's relationship with his/her family
- Meet with them to discuss their child's development, concerns and other related matters

For yourself,

- Establish sound business practices which include maintaining accurate records on attendance, income, expenses, and other needed areas
- Develop written policies on fees, hours, services and program activities. Share this information with parents at the time of enrollment.
- Establish boundaries which allow you to separate your family day care business from your own family (e.g., regular hours, vacations)
- Enhance your own knowledge by attending workshops, classes and conferences which expand your understanding of child growth and development, as well as sound business practices
- Become an active member of your local family day care association, the National Association for Family Day Care, or an affiliate group of the National Association for the Education of Young Children
- Obtain accreditation through the National Association for Family Day Care or a Child Development Associate (CDA) credential

Lastly remember that no presidential decree or wave of a magic wand will make you a professional. When you take your work seriously and treat the families you serve as business clients, then you will have taken a step toward becoming a professional.

Authors' Note: The authors would like to acknowledge Sally Silvera for her work which formed the basis for this article.

SETTING STANDARDS FOR OUR PROFESSION

Information provided from article printed by Pre-K Today, August/September 1989
Updated by the California Child Care Resource & Referral Network, 1992

The field of early childhood education and child care is making important strides toward greater professionalism. As you think about your own professional growth, consider looking into these options - the two types of Child Development Associate (CDA) credentials and the National Association for Family Day Care (NAFDC) accreditation.

These programs are intended for providers who meet the child care standards defined by state licensing or registration agencies and who have demonstrated a commitment to reach beyond these minimum requirements to achieve standards of quality. They give you opportunities to learn about your profession, your interaction with adults and children, and yourself and your own family. The recognition by a national organization with set criteria for quality performance and evaluation will help validate your skills as a child care professional.

There are scholarships available for both of these accreditation programs through private or public sources. Please contact the national addresses listed here or your local child care resource & referral agency for more information regarding eligibility.

CDA (Child Development Associate) Credential

The CDA credentialing program is administered by the Council for Early Childhood Professional Recognition. Originally developed to meet the staffing needs of Head Start programs, two types of CDA credentials are now available to family day care providers. Both credentials follow the CDA guidelines but vary in the means in which the provider may fulfill the required formal education hours.

- The CDA Direct Assessment credential allows candidates to accumulate their formal education hours through a variety of training opportunities including vocational education, Head Start classes, Child Care Food Program, conferences and workshops, etc. These hours must be verified by an agency or organization with expertise in early childhood teacher preparation.
- The CDA Professional Preparation Program links providers with colleges, universities and other training institutions to provide course work and to monitor training.

Both CDA training programs are tailored to individual needs and experiences, focusing on early childhood education in each trainee's work setting.

NAFDC (National Association for Family Day Care) Accreditation

The National Association for Family Day Care (NAFDC) is a professional organization representing family and group home day care providers throughout the United States. Since 1988, NAFDC has accredited family day homes that offer quality child care services. The purpose of the accreditation is to offer professional recognition and consumer distinction to those providers who meet these standards of quality child care.

The *Assessment Profile for Family Day Care* is a structured observation guide that assesses seven dimensions of child care, each with general standards and concrete, observable criteria. Some of the standards list additional criteria for infants. Each provider selects a Parent Validator according to specified criteria, and is assigned a validator from NAFDC. All items on the assessment must be scored by both the validators and the providers. The validators are instructed to interview the provider if a behavior is not observed. To gain accreditation, the provider must score an average of at least 85% overall, and no less than 75% on any dimension by any observer. A determination to award accreditation is based on this score, the provider's written report and a parent survey.

While NAFDC accreditation can be used without a training program, most providers need some form of support to get through the process. Local provider associations may be the ideal group to offer support.

[12/92]

	CDA CREDENTIAL Direct Assessment	CDA CREDENTIAL P^3 (Professional Preparation Program)	NAFDC ACCREDITATION
Available for:	Center-based preschool Center-based infant-toddler Family Day Care Providers	Center-based preschool Center-based infant-toddler Family Day Care Providers	Family Day Care Providers
Professional Recognition:	Individual Credential (Bilingual specialization available)	Individual Credential (Bilingual specialization available)	Provider and Home Accreditation
Qualification & Work Experience:	At least 18 years old Have GED or high school diploma 480 hours working with children under age five - and - 120 hours of formal training within the past five years as part of program	At least 18 years old Have GED or high school diploma 480 hours working with children under age five - and - 120 hours of formal training within the past five years as part of program	Currently caring for children as a family day provider, and primary caregiver for a minimum of 18 months
Training Process:	Up to one year training program from a variety of sources and institutions Examples: • workshops and conferences • college courses • vocational education	Up to one year training program linking providers with training institutions for instruction on three phases of program: 1) fieldwork 2) course work 3) final evaluation and oral assessment	Self study: • Provider self-assessment • Parent questionnaires • Parent observation • Two outside validators
Evaluation Measures:	CDA competencies and thirteen (13) functional areas as measured by: • Professional resource file • Parent opinion questionnaire • Formal observation • Oral interview	CDA competencies and thirteen (13) functional areas as measured by: • Professional resource file • Parent opinion questionnaire • Formal observation • Oral interview	• Assessment profile for family day care • Parent questionnaire • Provider report
Cost*:	$15 (application fee) $325 (assessment fee) Varying costs for training (up to $1,500)*	$1,500 (fees & training costs)*	$150 (accreditation fee for NAFDC members) $300 (accreditation fee for non-members)
Valid for:	3 years	3 years	3 years
Update:	Upon expiration	Upon expiration	Upon expiration
Contact:	CDA 1718 Connecticut Ave, NW Washington DC 20009 800/424-4310	CDA 1718 Connecticut Ave, NW Washington DC 20009 800/424-4310	NAFDC 815 15th St, NW, Ste 928 Washington DC 20005 800/359-3817

* *CDA Assistance Program Scholarships of up to $1,500 are available for eligible candidates. For information, please contact CDA Scholarship Act, Council for Early Childhood Professional Recognition, 1341 G St, NW, 4th Floor, Washington, DC 20005-3105, 800/424-4310 or 202/265-9090.*

Working With Parents

AS *A FAMILY DAY CARE* provider, you are not only caring for children - you are working as a partner with the children's parents. Working with parents can be one of the greatest pleasures of the job, especially if you have taken steps to establish good communication and prevent misunderstandings.

Parents who need to leave their children in day care while they work may experience guilt, frustration and unhappiness at first. Your patience and understanding can help both parents and children to get through the difficulties of separation. (In the "Working with Children" section of this Handbook, you will find an article on "Helping Children Master Separation" - many of the same techniques are effective with adults).

Let parents know that you understand these feelings and that you are there to help. Parents will often need reassurance that placing their child in day care does not mean they will lose their primary place in the child's life. Make it clear to parents that you see yourself as their partner in caring for the child - not their rival.

Ongoing Communication

To make a partnership with parents really work, there has to be an atmosphere of warmth and open communication. As often as possible - daily, if you can - make a time when parents can feel free to stay and talk for a few minutes about the child's day and to share any other important information. If it's not appropriate to discuss a particular matter with the child present, set a time when you will talk on the phone.

Remember too: it's never appropriate to criticize one parent (or child) in front of another!

Parents can be an asset to your program in many ways. Some may have a flexible enough work schedule to help out on field trips or special occasions, or to substitute now and then. Others may have toys, clothes or equipment to donate, or a handy skill to share - such as carpentry or sewing.

Many providers also hold parties or potluck dinners now and then, to help everyone get better acquainted and enjoy themselves informally. Events like these can help increase everyone's feeling of "extended family."

In the "Health and Safety" section of this Handbook, in a booklet called "Coping Creatively," you will find some tips on working with parents and ways of handling conflicts effectively. ■

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by Child Care Law Center, San Francisco, CA

Further Reading

BANANAS' handouts and publications:
- *Provider-Parent Contract*
- *Selling Your Family Day Care Program To Parents*

By BANANAS, Inc., 6501 Telegraph Ave., Berkeley, CA 94609.

Creative Parent Communication: Graphic Art for Teachers' Notes, by Pamela Tuchscherer. Gryphon House, P.O. Box 275, Mt. Rainier, MD 20712.

Day-by-Day Parent Communication: Reproducible Noteheads and Forms for Teachers, by Ty and Pam Tuchscherer. Available through Gryphon House.

Day Care, Families, and Stress Guide, by Texas Dept. of Human Services. P.O. Box 2960, Austin, TX 78769.

Families and Early Childhood Programs, by D.R. Powell. Natl. Assoc. for the Education of Young Children (NAEYC), 1834 Connecticut Ave., N.W., Washington, DC 20009-5786.

Parent Communication Tips by Scholastic Pre-K Today. Scholastic Inc., P.O. Box 7502, Jefferson City, MO 65102.

Partners for Learning: Promoting Parent Involvement in School, by Janet Horowitz and Kathy Faggella. Available through Gryphon House.

Sharing The Caring, by Amy Laura Dombro and Patty Bryan. Available through Scholastic Inc.

The
California
Child Care
Initiative
Project

Accepting a New Family: Pre-Placement Visit, Interview and Trial Period

by Dan Bellm
California Child Care Resource & Referral Network

When a prospective parent first visits your home, you should be as thorough as you can be in describing your program and in showing the rooms and equipment that you use. Encourage parents to visit with their children, if possible at a time when other children are present, so that you can also get an idea of how the child might adjust to your situation. A thorough visit will probably take about an hour. After a brief tour of your home, these are some areas you should be sure to discuss:

- Your schedule and activities;
- Your experience and qualifications. Stress your strong points, the skills which you feel make you a good day care provider (show your license, and offer references if you can);
- Which items and services you provide, and which ones should be provided by the parent (for example, lunches, snacks, breakfast, diapers);
- How you and the parent(s) handle discipline, and whether your approaches are compatible;
- The child's eating and sleeping habits, likes and dislikes, allergies, and special needs if any;
- How toilet training is handled in your home;
- Whether or not children will be watching television, and how much;
- Emergency procedures;
- Your policies on sick child care and giving medications; and
- Your financial policies.

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If your intuition tells you that a particular parent and child will fit well into your program, don't hesitate to accept them. If you are unsure, on the other hand, take enough time to make the right decision.

Some of your policies, such as your schedule, may be flexible and negotiable when parents make special requests, but others may not be. You'll need to keep all of the families you serve in mind, and you can't be all things to all people. Remember that the final decision is up to you, and you have a right to stand firm about limits and regulations you feel are necessary. In fact, your confidence about these matters will set a tone of professionalism which many parents will respect.

To make sure that a placement will work out, many providers have a trial period of a week or two. At the end of this period, the provider and parent sit down and discuss how things are going.

Children will often go through a transition period of a few weeks while they adjust to a new day care situation, and this may show itself through bedwetting or an unusual amount of clinging and crying. Reassure parents and children that you are there to help them get through this difficult time, and that it will pass! For some tips on how to help, read the article in the "Working With Children" section on "Helping Children Master Separation."

If you feel strongly that a particular parent or child will not fit in, it's better to face that fact immediately than to take an inappropriate placement. It doesn't mean that you have failed; no one can be the right caregiver for every child and every family. It may help if you can suggest another program which will better fit their needs, or refer them to your local resource and referral agency, which can provide parent counseling and listings of what is available.

In this section of the Handbook you will also find an article written by the staff of the Child Care Law Center on "Child Care Contracts." We feel it is very important that you have a basic written agreement with each parent in your program so that expectations are clear from the start. Many of the hassles that come up between providers and parents could be prevented by communicating more clearly when the child is first enrolled and going through the contract with the parent item by item.

When making a child care arrangement -

For Providers

Tell parents about your program. Tell them how you deal with:

- discipline and punishment
- feeding and nutrition
- toileting and hand-washing
- napping and resting
- the expression of feelings (anger, joy, sadness, etc.)

Respond to the needs of parents by:

- helping parents and children through the separation process
- providing time to talk with parents about child(ren)'s progress
- communicating with parents about daily activities

Understand child abuse laws and be aware of your rights and responsibilities. Understand that you can help prevent child abuse and neglect if you have a trusting relationship with parents. You can provide a kind word, a helping hand and support at a crucial time a family's stressful life.

Show parents the kind of program you are providing for their children. Invite parents to visit to see:

- how you interact with the children
- where the children spend the day
- when activities take place
- why you are proud of your program

Talk to your friends, your fellow workers, your relatives and/or your Resource and Referral colleagues about:

- stress and burnout on the job
- ways to make your job healthier, happier and more joyous

Form a small support group that you can rely on to give you honest feedback and loving support.

You are not alone!
You play an important role in the lives of young children who are our future!

When making a child care arrangement -

For Parents

Take time to look and be in a child care setting to be sure that it:

- feels good for children
- smells clean and fresh
- sounds pleasant and harmonious
- looks comfortable and lived in

Respect and value the provider who cares for your child

- be honest with the provider about your concerns
- try to put yourself in the role of the provider and show appreciation for the difficult job being performed

Understand what your rights and responsibilities are when making a child care arrangement

- visit the program as often as you can
- find out what the rules and philosophy are for the program and be sure that you are comfortable with them
- listen to your child and observe her/his behavior after making a child care arrangement
- expect a period of adjustment when a child is in a new situation

Safe and healthy child care environments do exist and are available for your child

- visit a variety of programs before you choose the child care arrangement in which you would feel most comfortable
- ask for names and phone numbers of other parents who use that program; check references
- make sure your values and those of the provider match. Ask:
    - how will discipline be handled?
    - how and what will children be fed?
    - how is toileting handled?
    - how will your child be comforted?

Talk and communicate with your provider on a daily basis. Keep in touch with mood changes and provide support and help whenever possible.

You are in charge of your child's future. Child care providers can help and support you with this vital task.

June Sale
UCLA Child Care Services

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A PARENT'S POINT OF VIEW — WHAT I WANT FROM MY FAMILY DAY CARE PROVIDER

By Karen West

I am the parent of two children. I work half-time. I choose family day care for my children while I work. I expect a lot from my family day care provider and I receive even more. My life and the lives of my children are richer for our experiences with family day care homes over the past six years!

I look for a provider who knows she is important, who knows she is a business woman; then we can have a clear contract about money and hours and all of the nitty-gritty that, if not settled clearly, can be friction points between us.

Goodness knows, I don't want her to feel imposed upon, overworked or underpaid because she might then seek other work and I would lose my valuable day care service. I, too, don't want to be second guessing whether I have offended her or wonder if she is upset about something. I expect her to speak up when my check doesn't clear the bank or I am late and she has company coming.

Because my child care partner *knows she counts and does set a clear contract,* I am comfortable in calling and saying I would like to work an extra two hours, is she willing to care for the children? And I know that if she has other plans she will tell me and our relationship won't be damaged.

But beyond a clear business relationship, I want *another good parent for my children.* My children need many good parents — beyond their mom and dad. Their blood relatives live a thousand miles away so we build our own extended family through day care and friends. The family day care home allows my children to see how another family lives, how they have fun together, how they share responsibilities, what foods they eat, and how they solve problems.

The family day care mom *shows my children how an adult acts* — how she handles anger or frustration, how she expresses love and concern, how she resolves conflict. Somedays when I don't feel I'm setting the best example for the children, I have the good feeling that I'm not the only adult model for them — that's a relief!

Because my mom and aunts and sister are so far away, I need *an experienced mother to check out my own parenting skills with.* My family day care providers have served this function well. When my two year old doesn't eat and complains her mouth hurts, when my first grader is tired and moody after school — I check this out with my family day care provider.

She knows how kids that age act; she tells me about two year molars and assures me that first grade is hard work and frustrating for many children. With this information about what is normal I can be more help to the kids. And sometimes I just need to hear that I'm an OK mom and even good moms have two year olds who express lots of anger!

Because *my day care mom cares deeply about my children,* I have peace of mind so that I can use my work time productively. When I return at the end of my work day I don't feel guilty because I know they have had a good day too. And because we have had fun apart from each other, we are now going to have good times together.

Reprinted with permission from Family Day-to-Day Care, ed. Karen West,
Quality Child Care, Inc., Mound, MN.

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CHILD CARE CONTRACTS: INFORMATION FOR PROVIDERS

By the Staff of Child Care Law Center

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While looking over the tuition checks from Thanksgiving week, you notice that the two new families didn't include payment for the holiday when the day care home was closed. Since these two families started in September, it's hard to remember whether they were told that payment is still expected on national holidays, even when the home is closed. You now wonder whether it's worth the $50 and possible dispute to ask them to pay the additional money.

* * * * * *

Unexpected disputes like this will happen less often and cause fewer problems if you and the parents know what to expect from each other right from the start. Certainly, you can never completely avoid future misunderstandings about payments, but you can eliminate many by talking frankly with the parents before the child is enrolled and by putting your program's important concerns and rules in writing.

This article discusses legal issues involved when child care providers use contracts with parents. Included is information about the legal effect of a signed contract, as well as a list of suggested rules that providers have used successfully with parents.

WHY USE A CONTRACT?

Having parents sign a contract and observe rules developed for your program can help in a number of situations:

- At enrollment time: Contracts and rules help you be as thorough as possible with parents when talking with them before they enroll their children. This helps you to be clear with the parents about your expectations and requirements, so that they can decide whether they will be able to accommodate them.

- During the child care relationship: Contracts and rules prevent misunderstandings or arbitrary treatment of parents. Written rules cut down on the number of "business" discussions you need to have with each parent, making more time for talking about the child's needs and development at the program.

- In general: Contracts can bring more respect from parents for your work, and protect you if a parent tries to take advantage of you. A contract can communicate to a parent that you take your work seriously and that you are offering an important service for which you expect compensation. When a parent refuses to pay or breaks an important rule at the program, the contract gives you the basis for suing or threatening to sue.

WHAT MAKES A CONTRACT LEGALLY BINDING?

A contract doesn't have to be long, or written in legal language with small print, to be legally binding. A contract doesn't even need to be in writing to be legally binding, although for the greatest amount of protection the terms should be written down and signed by the parties. All the law requires is (1) a mutual agreement and (2) an exchange between you and the parent.

The mutual agreement means that you have had a "meeting of the minds:" that both you and the parent understand the rules to which you are agreeing. If the parent reads and understands the rules in your contract, and then you both sign it, the law treats this as a mutual agreement and that those rules will govern your relationship as long as the child is in your program.

The exchange means that you both give up something and receive something under the contract. Any time you agree to take care of a child for pay there has been an exchange between you and the parent. The parent agrees to abide by your rules and pay for the child care, and in return, receives care for his/her child. Of course, what you give and receive is just the opposite. Where the exchange gets tricky is when one of you agrees to do something as a favor or gift. For example, if one day at pick-up time a parent spontaneously offers to repair the climbing structure, then backs out later, s/he has not broken any contract. The reason is that his/her promise to do the repairs was merely a gift to you; s/he was not promising to do it for compensation, so there was no exchange.

WHY SHOULD THE CONTRACT BE IN WRITING?

Committing a contract to writing serves both to inform and caution people who might agree to it, and to evidence what the original agreement is between the parties. Once signed, the provider and the parent should each keep a copy for his/her records.

Especially when much of the contract is drawn up specifically to suit one family's needs, putting the agreed-upon terms in writing serves as a signal to the parties that a contract is being entered into. This is to further ensure that there was a "meeting of the minds:" that both parties are aware that a formal agreement is being made, and that they should take appropriate precautions before doing so (e.g., reading the contract terms).

More importantly, the writing preserves what human minds often forget, that is, what the original terms of the agreement were. When things are going well, a parent can just refer to it if s/he has a question about the rules. When things are going badly, the writing can make the difference between whether or not you convince a court that a parent has broken his/her agreement with you and owes you money.

HOW DO I MAKE A CONTRACT?

A contract can be drawn up on an individual basis with each parent at enrollment time, or you can develop a standard "Child Care Contract" to use with every parent. Usually, it's best to have a standard contract with some blank spaces for writing in any additional agreements reached with the family based on its particular needs.

When you draw up your own standard contract, it's helpful to look at contracts used by other providers in your community. Included later in this article are some sample contract terms that have been used successfully by providers in other parts of the country. You should decide what your needs and concerns are when you provide child care, and include rules in the contract that will meet them satisfactorily. Usually, providers will include in their contracts with parents rules in the following subject areas:

- Enrollment and Withdrawal from the Program (e.g., forms that must be kept on file, notice requirements for withdrawal);
- Hours and Fees (e.g., when payment is due and in what form, hours of operation, penalties for late pick-ups);
- Vacation and Days Off (e.g., days the program is closed, which holidays are paid holidays, notice requirements for parent vacations);
- Food (e.g., whether meals are provided, requirements for special diets);
- Clothing and Supplies (e.g., whether diapers are provided, requirement to leave an extra change of clothing with the child);
- Illness and Medication (e.g., notification of parent if child is ill, requirement to have parent authorize all medication given to the child, policy not to care for ill children or rules for exclusion of ill children);
- Miscellaneous (e.g., discipline policy, nap policy).

To "fine tune" the standard contract it may be necessary to include additional agreements reached with a particular family to accommodate its specific needs. For example, a child's diet may be restricted or specialized for religious reasons. If you agree to accommodate those needs, you and the child's parents can fine tune that agreement by describing what the appropriate food is, when it is necessary for the child to partake of the specialized diet, and which of you will provide the described food. The details of this agreement should be spelled out in the contract, in the extra space provided. These extra agreements should be negotiated with the parent before the child is enrolled; of course, you are free to decide whether you want to make any additional agreements with the parents.

If The Contract Has A Set Of Rules Attached, Are Parents Also Obligated To Follow Those Rules?

Yes. Rules which are attached and referred to in the contract are legally as binding as the contract itself.

Do I Take On Any New Responsibilities When I Use A Contract?

Yes. A written contract sets forth both the parent's responsibilities and yours while the child is in your program. Of course, even without the contract, parents and providers have certain implied responsibilities (e.g., to pay for the child care, to provide child care). The contract makes these responsibilities very specific.

For example, in the sample contract *(see sample)* the provider agrees that his/her home will be open during specific hours, that s/he will provide certain snacks and meals, and that s/he will accept a certain fee on specific terms. If you require families to give you a certain amount of notice before withdrawing from the program, the law implies that you must give families the same amount of notice before you require them to leave.

Can I Change The Contract Or Rules After Parents Have Signed Them?

Yes. The main thing to remember is that if your contract and/or rules are in writing, any changes need to be in writing too. Verbal changes probably won't be legally binding. Also, good faith requires that you give parents some amount of notice before you change the contract. It is probably wise to include in the contract something about how the terms may be changed in the future (e.g., "Tuition is subject to change with two weeks notice given to parents.").

It is a good idea to sit down and read your contract and rules at least once a year to make sure that they satisfy your program's needs. If you see that things have changed, rewrite the contract and rules to better fit your present situation. Sometimes parents will suggest changes they would like to see in the contract. When you decide to make changes, write them down, date them, and give copies to all the parents for their signatures. Once returned, send them a copy and keep the original signed copy with your other important records.

If I'm Now Operating A Program Without Contracts, Can I Begin Using Them?

Yes. If you decide to start using contracts, you should ask all parents to sign, including those who have used your program for a long time. Explain to the parents why you have decided to start using a contract, and be sure to give them a chance to talk with you and ask questions. They will probably not mind being asked to sign a contract if it seems an accurate description of their current relationship with you. You may want to ask parents beforehand for any suggestions they have or for any rules they would like included.

CAN I USE CONTRACTS IF MY DAY CARE HOME IS "EXEMPT" FROM LICENSING REQUIREMENTS?

Yes. A contract would still be very useful in clarifying how you run your program and what you expect of the parents. However, if your program is required by state law to be licensed, but it is not licensed (i.e., your program is not "exempt"), there is a strong possibility that the contract would not protect you in court. For example, if a parent refused to pay and you sued them in small claims court, the judge may let the parent off because you were operating an unlicensed (illegal) program.

SAMPLE RULES FOR CHILD CARE PROGRAMS

The following are examples of rules written by providers in their contracts with parents. The rules are arranged by subject. These are only examples; feel free to pick and choose, to write your own, and to make changes as your own situation requires.

ENROLLMENT

"All forms must be completely filled out and returned before a child enters the program. All forms are subject to yearly renewal and must be kept up to date."

"All children enter the program on a two-week trial basis, during which either party may cancel without notice. At the end of this period, the parent(s) and provider will talk about how the child has adjusted to the new setting. Advance payment is required for the entire two-week period, but there is no obligation to continue in the program after the period is up."

"If care will begin at a later date, advance payment for the first week of child care will hold a place for the child. This payment will not be refunded if the child does not begin on the date agreed upon."

"I require a two-week deposit which is applied to the last two weeks of care after notice of termination is given."

"A Parent-Provider Contract may be terminated at the provider's discretion with two weeks' notice if s/he believes that continued care of a particular child might be detrimental to the child or the program."[1]

HOURS AND FEES

"I provide full-time care Monday through Friday only, and my hours are 7:30am to 6:30pm. All children must arrive no later than 9:00am so that any planned activities won't be disrupted."

"Once a schedule is adopted, I insist that drop-off time and pick-up time are strictly observed, since I do have my own family to consider as well as dinner to prepare in the evening. I charge $2.00 extra for every 15 minutes or fraction thereof that a parent is late when picking up his/her child."

"One month's payment for child care must be made in advance, on the first day of each month."

VACATIONS AND DAYS OFF

"Parents are allowed two weeks of vacation per year for which there is no charge and during which the child's space in the program will be held."

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[1] The passage of the Americans with Disabilities Act (ADA) may limit your ability to terminate a child if the child is disabled. For more information about the ADA, see CCLC's articles, "Caring for Children with Special Health or Developmental Needs," 1992 Revised Edition, and "Legal Aspects of Caring for Sick and Injured Children," Revised 1992 Edition, both of which can be found in this Handbook. Also, watch for CCLC's forthcoming publication on AIDS.

"The program is closed and the provider is paid for all national holidays, as well as Christmas and New Year's Eve, and the day after Thanksgiving."

"I do not deduct tuition for holidays when the program is closed, and do not substitute days for days missed."

"If I am sick or decide to take vacation time, I will find a substitute provider who will come to my home and care for the children. I will give parents two days' notice if there is to be a substitute provider, whenever possible."

"If a family needs to be absent from the program, a leave of one month can be paid at half the regular fee to hold the child's space. After one month, the family must pay the full price of regular weekly care for me to reserve the child's space."

FOOD

"Parents bring the child's lunch and milk. Provider supplies juice and snacks in the morning and afternoon."

"Please do not send gum, candy, money or food other than lunch to child care unless you send enough for everyone."

"I will provide lunch and two nutritious snacks."

"We observe special days (e.g.,birthdays) so you may bring cake, cookies, or other treats to help celebrate. Please let me know in advance if you have planned anything."

"Parents must provide and label any special foods they want me to serve to children."

CLOTHING AND SUPPLIES

"Children's belongings should all be labeled with the child's name. The program is not responsible for lost articles."

"Parents are asked to provide a washable nap pad, pillow and blanket for all children taking naps."

"Please don't bring your child's toys or special belongings; they could get lost or broken."

"Please bring disposable diapers for children still wearing them."

"On the first day, the parent needs to bring two complete changes of clothes and one extra pair of shoes for his/her child. These clothes are to be left at the program and they will be washed when they get dirty. I suggest that you not bring something that you may want back every week."

ILLNESS AND MEDICINE[1]

"Parents should notify the provider if the child has been ill during the evening, morning, or weekend before returning to the program."

"If you are notified by the provider that your child is ill, please pick him/her up as soon as possible."

"Please inform me of any contagious diseases when they occur in your family. If your child becomes ill or is injured at the program and you cannot be reached, the physician on the Medical Treatment Authorization form will be called. I recommend that you also leave a signed authorization form with your physician."

"A signed authorization form is required any time the provider is asked to give medication to a child while in care. Medication will be given only if the medication is in its original container."

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[1] For more information on this subject, see CCLC's article, "Legal Aspects of Caring For Sick and Injured Children," 1992 Revised Edition, in this Handbook.

"Please keep children home whenever they have a fever or during the first two days of a bad cold or cough. If there are any questions about whether you should bring your child or not, please call me first."

MISCELLANEOUS

"The parents and the provider will have a meeting every four months to talk about how their children are doing in the program."

"No corporal punishment will be used, even if the parent requests it."

"All children must nap or have a rest time in the early afternoon each day."

"All persons picking up children must be authorized to do so in a written note by the child's parent."[1]

"The child must be brought to the door and the provider must be told that s/he has arrived. S/he must be picked up at the door and the provider told s/he is leaving."

"It is necessary, if my program is to continue to exist, that neighbors' driveways be respected and that parents park only in legal spaces. Please do not double park. Help me maintain good relations with my neighbors."

---

[1] For more information on releasing children in care, see "Child Care Custody Disputes: With Whom Can the Child Go Home?," available from the Child Care Law Center.

PROVIDER-PARENT CONTRACT ■

I agree to enroll my child, ______________________________, in the ____________________ Child Care Program, beginning on ______________.

I have received and read the attached Child Care Program Rules (Guidelines) and agree to comply with all rules and responsibilities stated in them.

1. Care will normally begin at __________ o'clock and end at __________ o'clock on the following days of the week: ______________________________

2. Care will include the following meals and snacks: ____________________
____
____

   The parent will provide food for the following: ____________________
____

3. The charge for care of the child is $__________ per __________. Overtime charges are $__________ per __________. There will be a charge of $__________ if the child is picked up after________ o'clock.

4. Payment to the Provider will be made in the following manner:

   by ______________________ (method of payment);
   by ______________________ (name of person to pay);
   on ______________________ (day of week or month).

   Payment obligation is based on the hours you **agree** to use child care, not on actual hours of attendance. Payment is due if you have agreed to use certain blocks of time whether or not the child actually attends during those hours.

5. Children may be taken from the day care provider's care only by the person signed below, by persons listed on the form *Authorization to Leave Care* or under conditions specified on that form.

______________________	______________________
(Parents' Signatures)	(Provider's Signature)
______________________	______________________
(Date Signed)	(Date Signed)

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ENROLLMENT QUESTIONNAIRE ■

BASIC INFORMATION

Child's name ______________________________

Person(s) enrolling the child:

1. Name ______________ Relationship to child ______________
   Address ______________________ Phone ______________
   Employer ______________________ Phone ______________
   Address ______________________________

2. Name ______________ Relationship to child ______________
   Address ______________________ Phone ______________
   Employer ______________________ Phone ______________
   Address ______________________________

Child's doctor ______________________ Phone ______________

Address ______________________________

Health insurance number (Medi-Cal, Kaiser, etc.) ______________________

If the enrolling adult(s) cannot be contacted in an emergency, please contact:

1. Name ______________ Relationship to child ______________
   Address ______________________ Phone ______________

2. Name ______________ Relationship to child ______________
   Address ______________________ Phone ______________

If the parents are separated, or the person enrolling the child is not a parent, indicate who has:

Legal Custody ______________ Physical Custody ______________

Please use the back of this form to fully explain anything related to custody and visitation rights regarding the child.

Other Children Living at Home (please continue on back if necessary)

Name ______________________ Age __________ Sex __________
Name ______________________ Age __________ Sex __________

HEALTH INFORMATION

Birth date ____

Has the child had any of the following (When)?

Chicken Pox __________
Measles __________
Mumps __________
Rubella __________

Scarlet Fever __________
Whooping Cough __________
Pneumonia __________
Rheumatism __________

Asthma __________
Diabetes __________
Eczema __________
Epilepsy __________

Is there medication for any on-going medical problems? ______________________

(If so, please sign appropriate *Medication Authorization* form.)

Any accidents, illnesses or operations? ______________________

Does the child have any allergies? (Be specific and please discuss reactions) __________

____

Immunization Record (Indicate most recent dates given)

Polio __________
DTP __________

MMR __________

HIB __________

Tuberculin test date ______________ Results ______________

Date of last medical examination ______________________

Name of doctor ______________________ Phone ______________

Special Remarks about sight or hearing ______________________

____

Procedure to be followed in the event of an emergency when parent cannot be reached

____

____

(Enrollment page 2)

SOCIAL OR FAMILY HISTORY

Has your child had group play experience? ____________________

Has your child been cared for by persons other than parents? ____________________

By whom? ____________________

In own home? __________ Outside? ____________________

Does your child need help in dressing? __________ Undressing? __________

Washing? __________ Eating? __________ Toileting? __________

Is your child toilet trained? ____________________

Does your child take a nap? ____________________

About what time and for how long? ____________________

Does your child have any special problems/fears? ____________________

____

Does your child have any strong likes/dislikes? ____________________

____

Do you feel strongly about any forms of discipline that the child care provider might use?

____

____

Who disciplines the child at home? ____________________

(Enrollment page 3)

Authorization To Leave Care

For my child's safety, the child care provider can allow my child(ren) to leave this program with:

(1) **only me** (the person enrolling the child);

(2) **persons I have specified below**; and (*optional*)

(3) **in an emergency**, a person who is not listed below, when:

> (a) I have told the child care provider in person or by phone that he/she is picking my child(ren) up and
>
> (b) The child care provider has a signed and dated note from me authorizing her/him to send the child home with that person.

My child may leave the child care program with the following people:

Name	Phone	Address	Relationship To Child

Parents Signature

Date Signed

■ *Note: At the time of enrollment, you may wish to ask for a photograph of any person, whom you do not already know, who is authorized to pick up the child.*

GENERAL FIELD TRIP PERMISSION SLIP ■

I give ______________________________ and its employees permission to
(name of child care program)
take my child, ______________________________ for short trips as part of its child
(name of child)
care program.

Signature of parent/guardian ______________________________

Address ______________________________

City and zip code ______________________________ Date ______________

- -

SPECIFIC FIELD TRIP PERMISSION SLIP ■

I permit the ______________________________ and its employees to
(name of child care program)
take my child, ______________________________
(name of child)
to ______________________________ on ______________________________ .
(destination of trip) (date of trip)
Transportation will be provided by ______________________________ .
(explain transportation)

Signature of parent/guardian ______________________________

Address ______________________________

City and zip code ______________________________ Date ______________

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Health and Safety

PERHAPS THE MOST IMPORtant part of your job as a family day care provider is keeping the children healthy and safe. Although the licensing procedure ensures that the major health and safety hazards have been removed from your home, accidents and illnesses of many kinds can always happen.

Be aware that when children enter group day care, especially for the first time, their exposure to illness greatly increases, and this may cause parents some concern and worry. The information in this section will help you to prevent many health and safety problems, and to respond calmly and effectively when problems arise. This section was coordinated by Judy Calder, RN, who has developed numerous educational materials on health and child development, including participation with Health Professionals in Child Care to produce *Healthy Child Care: Is It Really Magic?*

As a family day care provider, you often get conflicting advice on the management of illness in a child care setting. There are many gray areas that will require you make the best judgment on what is in the best interest of the child and your child care program. The recommendations for excluding a child with fever may seem unclear or inconsistent from the articles contained in this section. In order to clarify the guidelines, we suggest the recommendations from *Caring for Our Children - National Health and Safety Performance Standards* by the American Academy of Pediatrics. They state "a facility shall not deny admission to or send home a child because of illness unless one or more of the following conditions exist" *(See "Get Medical Help Immediately," in this section).* With regards to temperature, it is "an oral temperature of 101° or greater, a rectal temperature of 102° or greater, and an axillary temperature of 100° or greater; accompanied by behavior changes or other signs of illness until medical evaluation indicates inclusion."

In many states, there will be new requirements for health and safety training for family day care providers that will provide more consistent guidelines for the management of illness in child care. Additional requirements may include mandating that children be fully immunized before entering family day care. These activities recognize the critical role that family day care providers have in protecting children and promoting their health.

We believe that your own health as a caregiver is important, too. All too often people in the caring professions neglect their own well-being in favor of attending to other people's needs. Remember, if you are sick, you cannot effectively care for other people's children.

Family day care can involve many stresses: be sure to take time for yourself and relax. In this section, you will find some tips on handling stress. One of the most important suggestions is to find a relief helper - someone reliable and responsible who can step in and help you out on a regular basis, even if it's only for an hour or an occasional afternoon. Many providers have told us that getting outside help has been crucial in helping them to stay in family day care work over the years.

The subject of child abuse and neglect has also caused a great deal of public concern in recent years. The information included in this section will help you identify possible child abuse, and inform you of your responsibilities to report abuse when you suspect it. ■

Contents

"Safety Factors to Check for in a Family Day Care Home" 175
by BANANAS, Inc., Oakland, CA

"Family Fire Safety" 177
by BANANAS, Inc.

"Earthquake Safety Rules for Parents and Child Care Providers" 179
by BANANAS, Inc.

"Poisonous Plants ... Safe Plants" 181
by Statewide Comprehensive Injury Prevention Program, Boston, MA

"Prevent Infant Injuries" 183
from Family Day Caring, *September/October 1989*

"1992 Family Shopping Guide to Car Seats" 185
by American Academy of Pediatrics, Elk Grove Village, IL

"Health and Safety" *
from Family Daycare Exchange, *Cooperative Service, Iowa State University, Ames, IA*

"Promoting Health and Hygiene in a Child Care Setting" 187
by BANANAS, Inc.

"Contagious Illnesses: What You Should Know" 192
from Scholastic Pre-K Today, *October 1992*

"Common Childhood Illnesses" 195
by Judy Calder, RN, BANANAS, Inc.

"Exposure Notice" 205
By BANANAS, Inc.

"What's Fair for Sick Care?" 207
from Family Day Caring, *January/February 1992*

"Get Medical Help Immediately" 211
from American Red Cross Child Care Course 1990, *Washington, DC*

"First Aid for Choking Infants" 213
from Family Day Caring, *September/October 1989*

"Children, Parents and HIV" 215
Information provided by the American Red Cross

"Legal Aspects of Caring for Sick and Injured Children" 219
by Child Care Law Center, San Francisco, CA

"Guide for Family Day Care Providers on Caring for Children with Disabilities" 239
by Massachusetts Office for Children, Boston, MA

"Caring for Children with Special Health or Developmental Needs" 241
by Child Care Law Center

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* This inserted material does not have printed page numbers.

"Sudden Infant Death Syndrome" 257
Information provided by the California Sudden Infant Death Syndrome Program, Berkeley, CA

"Child Abuse and Neglect: Physical/Behavioral Indicators" 259
Information provided by the San Francisco Child Abuse Council, San Francisco, CA

"Ask Your Lawyer" 263
Part 1: "Reporting Child Abuse: Rights and Responsibilities of Child Care Providers," *by Child Care Law Center*

"Ask Your Lawyer" 271
Part 2: "The Aftermath of Reporting Child Abuse," *by Child Care Law Center*

"Coping Creatively" *
by Cooperative Extension, University of California, Berkeley, CA

"Back Care for Caregivers" 279
from Texas Child Care Quarterly, *Fall 1992*

Further Reading

First-aid resources

Childhood Emergencies: What To Do, by Project Care for Children. Marin Child Care Council, 828 Mission St., San Rafael, CA 94901.

Emergency Medical Treatment: Children, (available in Spanish) by Stephen Vogel and David Manhoff. RPM International, Inc., P.O. Box 616, Oshkosh, WI 54902.

Emergency Medical Treatment: Infants, (Available in Spanish), by Stephen Vogel and David Manhoff. RPM International, Inc.

A Sigh of Relief - The First Aid Handbook for Childhood Emergencies, by Martin Greene. Redleaf Press, 450 N. Syndicate, Ste. 5, St. Paul, MN 55104.

Health in child care

BANANAS' handouts and publications:

- *In Sickness and In Health: Guidelines for Child Care Programs to Use in Establishing Illness Policies*
- *Common First Aid*, (available in Spanish, Chinese or Vietnamese)
- *How to Use 911*, (available in Spanish, Chinese or Vietnamese)
- *Head Lice*, (available in Spanish, Chinese or Vietnamese)
- *Doctor's Kit*
- *Safety Grid for Heaters*
- *Buckle Up - Be Safe!*
- *Infants In Day Care Centers - In Sickness And In Health*
- *Healthy Child Care: Is It Really Magic?* (video and accompanying posters, handouts and training activities kit)

by BANANAS, Inc., 6501 Telegraph Ave., Oakland, CA 94609.

Child Care and Ill Children and Healthy Child Care Practices, by the Natl. Assoc. for the Education of Young Children (NAEYC), 1834 Connecticut Ave., N.W., Washington, DC 20009-5786.

Child Day Care Health Handbook, by King County Dept. of Health - Day Care Health Program. Rm. 1406, Public Safety Bldg., 3rd and James, Seattle, WA 98104.

Child Health Encyclopedia: The Complete Guide for Parents, by Boston Children's Medical Center. Delacorte Press/Dell Publishing Group, 666 5th Ave., New York, NY 10019.

Family Child Care Health and Safety, (video and checklist), by Abbey Shapiro Kendrick and Joanne Gravell, Massachusetts Dept. of Public Health. Redleaf Press, 450 N. Syndicate, Ste. 5, St. Paul, MN 55104. Filmed in a real home, this 20 minute video and written checklist are effective tools for providers to examine the well-being of their children. Also comes with choke tube and Climitemp.

Health and Safety Resources for Child Care Workers, by Child Care Employee Project, P.O. Box 5603, Berkeley, CA 94705.

Health, Safety and Nutrition Early Childhood Curriculum, by A. Kerr. Lakeshore Curriculum Materials Co., 295 E. Dominguez St., Carson, CA 90749.

Healthy Young Children: A Manual for Programs, by Abbey Shapiro Kendrick, Roxane Kaufmann and Katherine P. Messenger. Published by NAEYC. A comprehensive manual providing most recent information and techniques for keeping children - and staff - healthy. Companion brochure, *Keeping Healthy: Parents, Teachers and Children*, and companion poster, *RX for Keeping Healthy in Group Programs*, also available in easy-to-use format.

Keeping Children Safe and Healthy, by Canadian Mothercraft Society, 32 Health St., West, Toronto, Ontario, M4V 1T3.

Making A Difference, (available in Chinese and Spanish), by the California Child Care Resource and Referral Network, 111 New Montgomery St., 7th Fl., San Francisco, CA 94105. A handbook for child care providers on identifying and preventing child abuse and neglect.

Ready ... Set ... Grow!! A Comprehensive Health Education Curriculum for 3-5 Year Olds, by P. Peterson. Peterson Publishing, P.O. Box 75991, St. Paul, MN 55175.

Taking Care of Your Child, by Robert H. Pantell, MD, James F. Fries, MD and Donald M. Vikery, MD. Addison-Wesley Publishing Co., 200 Middlefield Rd., Menlo Park, CA 94025.

Those Mean Nasty Dirty Downright Disgusting but ... Invisible Germs, by Judith Rice. A child's story about the importance of handwashing for young children. Available through Redleaf Press.

BEST COPY AVAILABLE

What Can You Do to Stop Disease in the Child Day Care Center, by Centers for Disease Control (Stock #017-023-00172-8). U.S. Government Printing Office, Washington, DC 20401.

Children with special needs

Adapting Early Childhood Curricula for Children with Special Needs, by Ruth Cook, Annette Tessier and Virginia Ambruster. Available through Redleaf Press.

BANANAS' handouts and publications:
- *Can I Care For A Special Child?*
- *BANANAS' Child Care Provider's Guide To Identifying and Caring For Children With Special Needs*

by BANANAS, Inc., 6501 Telegraph Ave., Oakland, CA 94609.

Children with Special Needs in Early Childhood Settings, by Carol Pasche, Lola Gorrill and Bev Strom. Available through Addison-Wesley Publishing Co.

Children with Special Needs in Family Day Care Homes, (available in Spanish), by El Centro de Rosemount, 2000 Rosemount Ave., N.W., Washington, DC 20010.

Serving Children with HIV Infection in Child Care: A Guide for Center-based and Family Day Care Providers, by Child Welfare League of America. 440 1st St., N.W., Ste. 310, Washington, DC 20001-2085.

When You Care for Handicapped Children, by Texas Dept. of Human Services, P.O. Box 2960, Austin, TX 78769.

Periodicals

Child Care Health Connections: A Newsletter for Child Care Providers, P.O. Box 9573, San Diego, CA 92109.

Child Health Alert, P.O. Box 338, Newton, Highlands, MA 02161.

Child Health Talk, Natl. Black Child Development Inst., Inc., 1463 Rhode Island Ave., N.W., Washington, DC 20005.

Local and National Organizations

Contact/review:
- City, county or state health dept.
- Your local video store for free health and safety video rentals
- The emergency information in the front of your yellow pages
- Your local library
- Your local child care resource and referral agency

American Academy of Pediatrics, P.O. Box 927, 141 Northwest Point Blvd., Elk Grove Village, IL 60009 (also state chapters).

American Automobile Assoc., 1712 F St., N.W., Washington, DC 20006.

American Dental Assoc., Bureau of Dental Health Education, 211 E. Chicago Ave., Chicago, IL 60611.

American Public Health Assoc., 1015 15th St., N.W., Washington, DC 20005.

American Red Cross, 17th and D Streets, N.W., Washington, DC 20006 (contact local chapter first).

Assoc. for the Care of Children's Health, 3615 Wisconsin Ave., N.W., Washington, DC 20016.

Center for Health Training, 2229 Lombard St., San Francisco, CA 94123-2703.

Clearinghouse on the Handicapped, Rm. 338-D, Hubert H. Humphrey Bldg., 200 Independence Ave., S.W., Washington, DC 20201.

Council for Exceptional Children, Information Services, 1920 Association Dr., Reston, VA 22091.

Health Insurance Council, 488 Madison Ave., New York, NY 10022.

Johnson & Johnson Health Care Division, New Brunswick, NJ 08903 (first aid and dental health).

Metropolitan Life Insurance Company, School Health Bureau, Health and Welfare Division, 1 Madison Ave., New York, NY 10010 (health, safety and first aid).

Natl. Commission on Safety Education, Natl. Education Assoc., 1201 16th St., N.W., Washington, DC 20036.

Natl. Health Information Clearinghouse, P.O. Box 1133, Washington, DC 20013-1133.

Natl. Passenger Safety Assoc., 1050 17th St., N.W., Ste. 770, Washington, DC 20036.

Natl. Safety Council, 444 N. Michigan Ave., Chicago, IL 60611.

Sex Information and Education Council of the United States, 1855 Broadway, New York, NY 10023.

United States Consumer Product Safety Commission (CPSC), Rm. 336-B, 5401 Westbard Ave., Bethesda, MD 20207.

United States Department of Labor, Occupational Safety and Health Administration (OSHA), Washington, DC 20013.

BANANAS HANDOUT

Safety Factors To Check For In A Family Day Care Home

(written for providers but useful information for parents as well)

When you get a family day care license, you have promised in the application to make your home safe for children. When a licensing worker makes a visit, your home will be checked to see if you are following the regulations. Remember that you can be visited by a worker at anytime especially if someone has registered a complaint of any kind with the licensing office. It is your responsibility (and the licensing evaluator's) to determine that your home is really safe. Here are some of the most common things that will be checked. All of these first items are mentioned in the day care regulations:

Your Licensed Capacity: If you are licensed for 6 children that means you should never have more than 6 children in care at any given time. This number includes your own children under the age of 10 when they are home. Your children are also included if you are licensed for 12 and you also must have a full-time assistant whenever more than 6 children are present. Your licensing evaluator will ask you to stop caring for some children if s/he finds you have enrolled more children than you are licensed for.

Potential Poisons: Many items that we don't ordinarily think of as poisons really are. All detergents, cleaning compounds, mouthwashes, medicines and other potential poisons must be kept out of reach of children. Even if you never took these precautions when your own children were young, you are required by the regulations to do so if you have a family day care license. Poisons must be in a locked cabinet (make sure that "childproof" latches really are childproof) or on an shelf which is well out of reach. This is one area where many providers get cited by their licensing evaluator for not being in compliance. Make sure your home is "poison proof." Keep the Poison Control Center phone number, 476-6600, near your phone.

Firearms: If you have guns of any type, they must be locked away from children.

Fireplaces and Heaters: If you have a fireplace, it must be screened. Open-faced heaters and wood burning stoves must also be screened off from children so they won't accidentally fall against them and burn themselves. (BANANAS has a Handout on grids which can be built for use with floor and wall furnaces. Send one stamp for a copy.) Gas heaters must be properly vented and permanently installed. Stove burners and open ovens should never be used for heating the house.

Stairs: If you care for children under 5 years of age and there are stairs in your house, they must be barricaded or fenced off. Do not use accordion or folding gates; children have been injured by becoming entangled or caught in them. Mesh gates are acceptable.

Outdoor Play Area: If your yard is not fenced, you or your assistant must be with the children anytime they are outdoors. Children cannot be left alone in an unfenced yard. Clear outdoor play areas of any low hanging tree branches or prickly shrubbery which might be a hazard to children. Any fishponds, swimming pools or other bodies of water must be absolutely inaccessible to the children.

Space and Equipment: You are required to have adequate space, toys and equipment for the children in care. A licensing evaluator will want to know where the children nap or rest. You should have enough regular beds, cots, mats or cribs for all the children you are caring for. Do not use regular beds for infants; they should be in cribs. You will also need high chairs or feeding tables for infants in your care. (Call the local office of the Consumer Products Safety Commission, 705-1816, to request the Commission's excellent safety handouts. One, in particular, which you might find useful is *"The Safe Nursery: A Booklet to Help Avoid Injuries from Nursery Furniture and Equipment."* If you have any questions about the safety of a specific toy or piece of equipment, call the Commission's 800 number – (800) 638-2772.)

Discipline: Corporal punishment (spanking or hitting a child) is not permitted in child care. In addition, the regulations forbid unusual punishment such as humiliation, mental abuse or punishment that interferes with eating, sleeping or using the toilet.

Food: If the children bring their own food, it must be labeled with their names and properly stored. Food (meals or a snack) is to be offered at least every three hours while the children are in care.

Cleanliness, Heating and Ventilation: The regulations say your home must be reasonably clean and have adequate heating and ventilation.

Emergency Equipment: You are required to have a fire extinguisher (buy a 2A10BC or larger) and a smoke detector installed in your home in case of a fire. You must also have a telephone in working condition.

Emergency Information: You should have a card for each child in care which tells the child's full name, birthdate and any food or drug allergies or special physical conditions. It must include the name, phone number and location of the parent or responsible adult to contact in an emergency, the name and phone number of the child's physician and the parent's authorization for you to seek emergency care if you can't reach the parent. If you don't already have a form to use, contact BANANAS for a sample copy. Keep your emergency cards in a portable file which you can easily find and take with you in an emergency. It is a good idea to also have on file the names of other family members or friends to contact if the parent can't be reached and the names of persons other than the parents who are authorized to pick up the child. Your licensing worker will probably want to review your emergency cards.

Additional Required Information: You are required to keep an ongoing roster of children who have been in your care. The licensing evaluator may ask to see this roster. It should contain, at least, a list of children you have cared for in the last three years, the names and addresses of the parents and the home phone numbers. You also must have either liability insurance or affidavits from your parents indicating that they know you do not carry liability insurance.

Disaster Plans: You are required to have a disaster plan on file. It must say what you have planned to do in the event of an earthquake, fire or other emergency. BANANAS has a Handout on *"How to Write a Disaster Plan"* which you can request. Also ask for the Handouts on *"Earthquake Safety"* and *"Family Fire Safety."* Your licensing worker may ask to review your disaster plan.

Illness Policies: You are required to evaluate each child daily for illness and have a room or area in your house where a child who appears to be contagious can be isolated. You can request the BANANAS' Handout, *"In Sickness and In Health,"* to help you write illness policies for your own program.

Here are some other home safety suggestions that are not specifically mentioned in the regulations but which will help you insure the safety of the children you care for:

- Remove breakables from reach in the rooms where the children play (such as glass ash trays, statues, heavy table lamps, etc.).
- Cover all unused electrical outlets with safety caps available at hardware stores.
- Place a high latch on outside doors or on doors of rooms you don't want the children to enter.
- Set your water heater at a low temperature (maximum 115°) to prevent accidental scalding or turn off the hot water at the sink the children use to wash their hands.
- Keep plastic bags or wrappings out of small children's reach. Never use them to store toys or diapers or for liners in cribs.
- Check the floor daily for small objects that could be swallowed (pennies, bobby pins, buttons, etc.).
- Be sure your household plants aren't poisonous (many are). Check garden plants as well. (*"Take Care With Plants"* is a free brochure available from the U.C. Davis Regional Poison Center, 2315 Stockton Blvd., Sacramento, CA 95817. Send a legal size, self-addressed, stamped envelope with your request.)
- Never leave a small child alone in a tub or sink or on a changing table. Children should be strapped onto changing tables when being diapered.
- Diapering areas should be located away from food preparation or feeding areas and they should be disinfected after each use.
- To prevent the spread of contagious diseases, staff should always wash their hands after diapering a child.
- All diaper pails should have lids and they should be in place after use. Diaper pails which operate by foot pedals are considered the most hygienic.
- Plastic toys should be washed frequently in a mild solution of bleach and water ($\frac{1}{4}$ cup of bleach to one gallon of water). Stuffed toys should also be frequently washed in a washing machine and dried in a hot dryer.
- Remove heavy lids from toy boxes or chests.
- Slats in cribs should be no further apart than $2\frac{3}{8}$".
- Cribs with high corner posts have been recalled. If you have any questions about the safety of your cribs, call the Consumer Products Safety Commission for recall information, (800) 638-2772.
- Once toddlers are old enough to climb out of a crib, they should be napping on mats or cots.
- Never keep an unused refrigerator or freezer anywhere on your property unless the door is removed or sealed shut so a child cannot get trapped inside.
- Make sure rattles, teething rings and other small toys are too large to be swallowed.
- Never accept a medicine from a parent unless it is properly labeled with the child's name, the correct dosage and the name of the pharmacy or doctor to be contacted if you have any questions. You should also obtain a signed authorization to administer medicine from the parent.

Remember, BANANAS has a Registered Nurse, Judy Calder, available weekdays (except Tuesday), 10-2 pm for your health and safety questions. Call her on the Warm Line: 658-6046.

(Thanks to Nadja Christian, former DSS Regional Ombudsman, for her contributions to this Handout.)

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BANANAS HANDOUT

Family Fire Safety

Be prepared to act quickly and safely in the event of a fire. Have a plan which everyone understands and which everyone has practiced. Begin by gathering your family together for a short explanation of the important night time fire plan:

1. Remind everyone of the Alameda County fire and medical emergency number – 911.
2. Plan two different exits for everyone: a normal route through a hall or stairway to use when fire isn't blocking the exit and a second emergency escape route (usually out a window) when the normal route is blocked by fire.
3. Always sleep with bedroom or hall door closed. A closed door can keep out a fire long enough to allow escape through your emergency escape route. It may be hard for your child/ren to get used to sleeping with the doors closed, but help them understand the reasons and assure them that you are still there to protect them. Parents of infants who worry that they won't hear the baby cry if the doors are shut should consider buying a baby intercom system. These devices allow parents to hear the noises being made in the baby's room – crying included.
4. Agree on a way anyone can sound a family fire alarm. Keep in mind that a fire may block a hallway, preventing you from reaching other bedrooms. You can pound on walls, holler, use a whistle, strike a pan. If you keep a whistle near your bedside for this purpose, make it clear to your child/ren that it should never be played with – a child as young as 4 or 5 years old may be able to understand this. If you have a commercial smoke detector (and it's a good idea to have one or more) make sure your child/ren have heard the alarm in practice so they are familiar with the sound and what it means.
5. Plan your emergency escape routes with care. Take any necessary steps such as storing a rope ladder in a bedroom closet to make sure that you can actually use a planned route. Parents with young children may have to avoid a fire in a hall or stairwell by going out their emergency exit and entering the child's room through that room's emergency escape route (i.e. going out the parents' bedroom window, around the house and entering the child's bedroom through his window). If you need a ladder or other equipment to do this, make sure you have it readily available.
6. Don't waste time getting dressed or gathering valuables in the event of a fire. Every minute counts!
7. Crawl to the door. Tell your child/ren to crawl because smoke rises and the air will be fresher near the floor.
8. Test doors before opening. Intense heat and deadly smoke may be on the other side: Are the door panels hot? Is smoke leaking in around the edges? If you suspect fire on the other side, DON'T OPEN THE DOOR. But, if you think it's safe, open the door slowly and just a crack...ready to slam it if any heat and smoke rush in.
9. Have an outside meeting place...to quickly check if everyone is safe — ONCE OUT, STAY OUT!
10. Notify the Fire Department (911) quickly, as soon as everyone is out. Plan to use a neighbor's phone or street alarm box. Speak slowly, plainly; give your name and address, then wait to answer questions.

Family Fire Drill
Your home fire drill should not be scary. Make it a game for your child/ren so that in an emergency, they will follow instructions. To be more realistic, pick a time when it's dark or at least dusk.

All Set? Drill Begins:

1. Everyone in the bedrooms with doors closed.
2. Sound the alarm.
3. Everyone swings into action. Out of bed...to the door. Test the door.

First Drill: Everyone should escape through their normal exits (hall, stairway, etc.). **Second Drill:** Imagine the doors are hot – blocked by fire. Now, everyone must test their emergency fire escape exits. If you have very young children and your family's escape routes necessitate going out on a roof or exiting out a second story window, you may not want to actually practice using these routes. Having a young child come to a window and talking about the next step may be enough. But, be sure even very young children know what might be necessary in the event of a real fire. Also be sure windows and screens can be opened easily, that an emergency escape ladder is quickly available, etc.

4. Everyone gather at the outside meeting spot. All accounted for? A JOB WELL DONE!!

Special Note: Make sure everyone in your family knows the Stop, Drop & Roll safety procedure in case clothing catches on fire. **See poster on the reverse side.**

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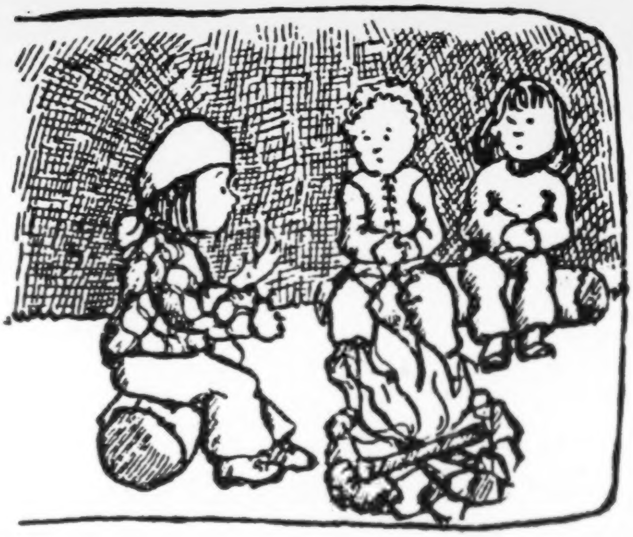
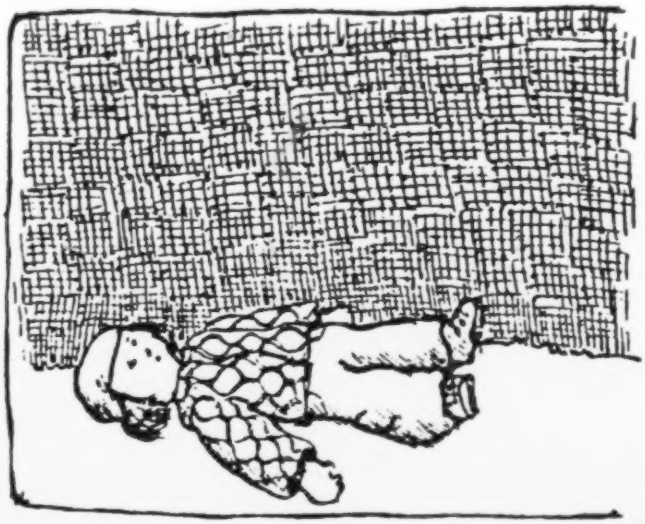
IF-
YOUR CLOTHES CATCH ON FIRE-

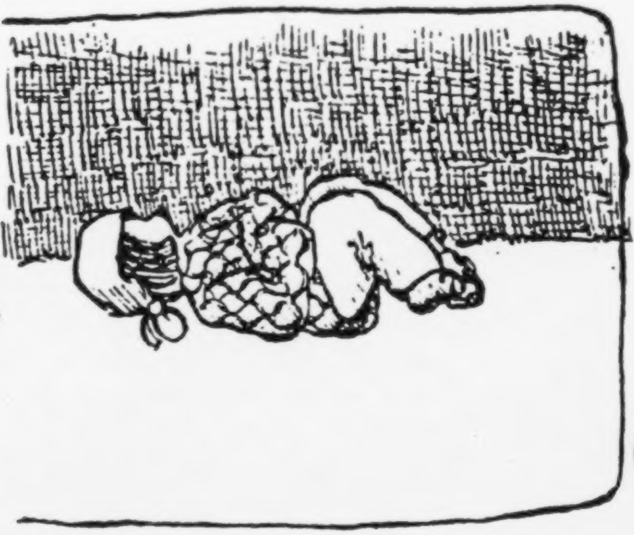
STOP-





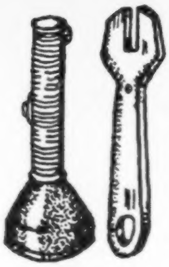
DROP-

& ROLL!



BANANAS HANDOUT

Earthquake Safety Rules
For Parents and Child Care Providers



An Earthquake Strikes your area and for a minute or two the "solid" earth moves like the deck of a ship.

What You Do before, during and immediately after the tremor may make life and death differences for you, your family, your child care program and your neighbors. The following suggestions can help you survive:

BEFORE AN EARTHQUAKE (Things to do at home or in a child care program):

Water:
Store at least three days supply (3 gallons per person) in stoppered containers. (Don't forget pets which need less.) You may use plastic bleach bottles. Rinse out only once. Enough bleach will be left in the jug to purify the water and prevent spoilage. If you use other containers, add 8 drops bleach per gallon. You can also use the water in your water heater and in the pipes once you have turned off the water at the street. Even your toilet tank has fresh water in it as long as you don't use any bowl cleansing substance in the tank.

Food:
Keep three days supply on hand. Store canned and sealed foods that will keep without refrigeration. To avoid damage and to assure access, store food in a box on the floor of a closet, service porch or garage. Don't store on high shelves.

Other Supplies:

- Prescription Drugs – Be sure to have an extra supply on hand if anyone in your family or child care program requires a prescription drug.
- Diapers and Formula – You will need at least a three-day supply. You will also need a system of temporary sanitary storage – keep heavy-duty, waterproof plastic bags on hand.
- Battery-powered Radio and Flashlight – Keep extra batteries and replace them periodically.
- Comprehensive First-Aid Kit – Inspect it from time to time and replace any items which have been used.
- Tools to turn off the main gas and water lines coming into your home or facility – P.G.&E. recommends a 15" crescent wrench. Painting wrenches a bright color will make them easier to find in an emergency. *(Some people chain a wrench to the meter to insure it will be available when needed, leaving enough slack in the chain so the wrench can be used. Note: P.G.&E. cautions people to be wary of chaining a wrench to a meter if there is any possibility or history of vandalism.)*

Make sure the other adults in your family or program know where your supplies are kept and how to use them. Consider keeping essential supplies in a portable case you can carry with you if you have to evacuate.

Other Precautions:

- Take earthquake precautions in your home or child care facility. Use an earthquake safety check list available from BAREPP, 540-2713. In general, you will want to remove heavy objects from bookcases, high kitchen cabinets, and shelves in closets. Anchor bookcases and your water heater to the wall. You can buy industrial strength velcro to hold down televisions and other heavy items. from Business Security Systems, 829-0950. Security latches for cupboard doors and shatter-resistant film for windows and mirrors can be purchased at local hardware stores.
- Teach everyone how to "Duck, Cover & Hold"– **Duck** under a sturdy table or desk. Stay under **Cover** until the shaking stops. (If no furniture is available, seek cover against an interior wall and protect your head and neck with your arms.) **Hold** onto the desk or table. If it moves, move with it. Stay in this position until the shaking stops. Teach children where it is safe to "Duck, Cover & Hold" in outside play areas – well away from trees, utility lines, buildings and chimneys.
- Locate the main gas and water shut-off valves and the shut-off switch at your electric meter. Learn how to turn off the gas, water or electricity, should that be necessary, and have the appropriate tools on hand.
- Learn first aid. The following organizations offer first aid and CPR classes: American Red Cross, East Bay Chapter Oakland: 533-2321, Alameda Chapter: 522-7711, Berkeley Chapter: 841-7790; American Heart Association: 632-9606 and BANANAS: 658-1409.
- Find and mark the *First Aid and Survival Guide* in the White Pages of your phone book. It contains useful sections on general first aid and earthquake procedures.
- Identify the location of the nearest hospitals, fire stations, police stations and possible evacuation centers.

At Home:
Discuss earthquake safety with your family. Plan an earthquake drill including "Duck, Cover & Hold" routines and practice it from time to time. Plan how to reunite your family after an earthquake. Select one person who lives outside the area as your family's "point-of-contact" – the person everyone would call to get or give information after the quake. Share this information with your child's school or child care program. (FEMA has several booklets to assist families: *Emergency Preparedness Checklist, Family Earthquake Drill, Your Family Disaster Plan* and *Your Family Disaster Supply Kit*. You can order them by writing FEMA, Dept. P. Box 70274 Washington, D. C. 20024, or pick them up at your local Red Cross chapter.)

At Work:
Every work site should have an emergency plan. And, you should give your employer the daytime phone numbers for other members of your family including your child's school or child care program as well as the name, telephone number and address of your family's out-of-area contact person.

At Child Care:
Teach the children "Duck, Cover & Hold" and conduct practice drills from time to time. Use a signal for an earthquake drill which is very different from the one used for fire drills. You can use decals or stickers to mark the furniture which is safe to duck under or to show which walls or doorways are the inside ones. You will have to figure out the safe places in every area the children normally occupy including the outdoor play space. You never know when an earthquake will occur.

The Bay Area Regional Earthquake Preparedness Project (BAREPP) has a number of publications to help child care programs with earthquake planning including: *"Earthquake Preparedness Activities For Child Care Providers," "Activities to Use With Small Children"* and *"Get Ready for Earthquakes."* Call or write BAREPP at 101 8th Street, Suite 152, Oakland, CA 94607, 540-2713. *"We're Talking Earthquake"* is a video by Nancy Raven which is available through BANANAS or the Oakland Public Library.

Hold parent meetings and share your earthquake plans with your families. Elicit their assistance in stockpiling enough food and water for the program. Let parents know where you will leave a note (i.e., on a nearby telephone pole, tacked to the front door) if you are ordered to evacuate with the children.

Obtain emergency information for each family in your program. You should have the address and phone number of where the parent works and the name, address and telephone number of somebody nearby (but preferably outside the immediate area) who could pick-up the child in case the parent cannot come. You will also need the name, phone number and address of the family's out-of-area contact person. Keep this information in a portable case which you can take with you in the event of an evacuation. Update the information at least annually.

DURING THE SHAKING:

Don't Panic. The motion is frightening but, unless it shakes something down on top of you, it is harmless. The earth does not yawn open, gulp down a neighborhood and slam shut. Keep calm and ride it out in one place.

Duck, Cover & Hold. If you are inside: move under a desk, table, bench, into inside doorways or halls or move up against inside walls. STAY AWAY from glass, the fireplace, chimney or outside walls. **If you are outside:** move away from buildings, utility wires, chimneys and trees. Once in the open, stay there until the shaking stops.

Don't Run out of, into, or near buildings. The greatest danger from falling debris is just outside doorways and close to outer walls.

Don't Use Candles, matches or other open flames during, or after, the tremor. Douse all fires.

If You Are In A Moving Car, stop in a clear area away from trees, overpasses, etc. as quickly as safety permits, but stay in the car. A car will jiggle fearsomely on its springs during the earthquake, but it is a good place to stay until the shaking stops.

AFTER THE SHAKING:

If You Smell Gas, open windows and shut off the main valve. Leave the building and report leakage. Don't go back inside until a utility official says it's safe. Once the gas is turned off, leave it off and let P.G.&E. turn it on again.

If Water Pipes Are Damaged, shut off supply at main valve.

If The Electrical Wiring Is Shorting Out, shut off current at main meter box.

Turn On Your Radio (or, if conditions permit, TV) to get the latest emergency bulletins. The local emergency radio stations are: KNBR, AM 64; KCBS AM 74 and KGO AM 81.

Stay Off The Telephone Except To Report An Emergency.

Don't Go Sightseeing & Stay Out of severely damaged buildings; aftershocks can shake them down.

Providers, You Are Responsible for each child in your care until either the parent or someone s/he has designated comes for the child. Some disasters require evacuations and, in that event, you must be prepared to do whatever the local authorities require of you. Be prepared to take the children's emergency information, blankets and warm clothes with you.

(Thanks to the Bay Area Regional Earthquake Preparedness Project and W.A.T.C.H. for the information contained in this Handout.)

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POISONOUS PLANTS

Children are often attracted to the colorful berries, flowers, fruits and leaves of plants. But over 700 plants in the U.S. and Canada have been identified as poisonous. These can be found anywhere—in your neighbor's or your own house, in florist shops and grocery stores, in yards, in the woods and on playgrounds.

Plants are a common cause of poisoning to preschoolers. Most of these poisonings can be prevented, so it's important for parents, grandparents, babysitters and day care workers to know if poisonous plants are near children.

If eaten, some plant parts can cause a skin rash or stomach upset; others can even cause death. Here is a partial list of indoor and outdoor plants that are very dangerous—children have died from eating these.

Autumn crocus
Azalea
Baneberry
Belladonna
Black cherry
Black locust
Black snakeroot
Buckeye
Caladium
Caper spurge
Castor bean
Cherry
Chinaberry
Daffodil bulbs
Daphne
Delphinium
Dieffenbachia
Dumbcane
Duranta
False hellebore
Foxglove
Golden chain
Hyacinth
Hydrangea
Jequirity bean
Jessamine
Jimson weed
Larkspur
Lantana
Laurel
Lily-of-the-valley
Lupine
Mistletoe
Monkshood
Moonseed
Mountain laurel
Mushrooms
Nightshade
Oleander
Poison hemlock
Pokeweed
Privet
Rhododendron
Rhubarb leaves
Rosary pea
Rubber vine
Sandbox tree
Tansy
Thorn apple
Tobacco
Tung oil tree
Water hemlock
White snakeroot
Yellow jessamine
Yellow oleander
Yew

There is no rule of thumb to help you tell a poisonous plant from a safe one. You can get help in identifying plants from library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.

If you think your child may have swallowed any part of a poisonous plant, first remove any remaining pieces from the child's mouth. Then bring your child and a piece of the plant to the phone and call your local poison control center.

Statewide Comprehensive Injury Prevention Program
Mass. Department of Public Health, Division of Family Health Services
150 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246
For more information, call your local health department.

SCIPP

SAFE PLANTS

Plants are a leading cause of poisoning to preschoolers. If eaten, some plants can cause a skin rash or stomach upset—others can even cause death.

A sure way to prevent these poisonings inside the home is by substituting safe plants for poisonous ones. Here is a list of some common indoor plants that are safe for growing around young children.

COMMON NAME	BOTANICAL NAME
African violet	Saintpaulia ionantha
Aluminum plant	Pilea cadierei
Begonia	Begonia semperflorens
Boston fern	Nephrolepis exaltata
Coleus	Coleus blumei
Dracaena	Dracaena fragrans
Hen-and-chickens	Sempervivum tectorum
Jade plant	Crassula argentea
Mother-in-law's tongue	Sansevieria trifasciata
Peperomia	Peperomia obtusifolia
Prayer plant	Maranta leuconeura
Rubber plant	Ficus elastica
Sensitive plant	Mimosa pudica
Spider plant	Chlorophytum comosum
Swedish ivy	Plectranthus australis
Wandering Jew	Tradescantia fluminensis
Wax plant	Hoya carnosa
Weeping fig	Ficus benjamina

Fortunately, most plant poisonings can be prevented. Here are some ways: **Learn** which plants are poisonous. For help, check library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.

Keep young children away from all plants. Eating too much of even a 'safe' plant can make a child sick.

Remove poisonous plants from the area.

Supervise young children closely around plants.

Teach children not to put plants, fruits, and berries in their mouths.

There is no rule of thumb to help you tell a poisonous plant from a safe one. You can get help identifying plants from library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.

If you think your child may have swallowed any part of a poisonous plant, first remove any remaining pieces from the child's mouth. Then bring your child and a piece of the plant to the phone and call your local poison control center.

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For more information, call your local health department.

SCIPP

Prevent Infant Injuries

Here is a list of important safety reminders. Be a friend—give a photocopy of this to parents and others who care for children.

Choking

- Don't leave small objects (buttons, coins, beads, small pieces of older children's toys, etc.) within an infant's reach.
- Check infants toys to make sure they are too large to be swallowed and have no small, detachable parts like buttons.
- Give infants soft food that does not require chewing. Cut food for older infants into small pieces, especially food like hot dogs. Do not give infants nuts, raw vegetables, popcorn, etc.

Suffocation/Strangulation

- Keep plastic bags and filmy plastics away from infants.
- Use a crib with slats 2 3/8 inches apart or less and a snug-fitting mattress.
- Keep furniture such as cribs, play pens, and high chairs away from drapery cords and electric appliance cords.
- Never hang rattles, pacifiers, or other objects around an infant's neck.
- If an infant can sit up, don't hang toys across the crib.
- Stay with infants while they are in or near water, whether in the tub or in a wading or swimming pool.
- Never leave a bottle propped up for an infant to drink unsupervised.

Burns

- Set the thermostat on your water heater to 120°F.
- Check the bath water temperature to make sure it is not too hot for an infant.
- Keep handles on pots and pans turned to the back of the stove when you cook.
- Put barriers around fireplaces, radiators, hot pipes, wood-burning stoves, and other hot surfaces to separate infants from them.
- Make sure the electric cords of irons, coffee makers, and other hot appliances are not hanging from the counters.
- Put safety covers or tape on electric outlets.
- Buy flame resistant clothing, especially sleepwear.

Falls

- Put barriers at the top and bottom of stairs before an infant begins to creep and crawl.
- Use skidproof mats or stickers in the bathtub.
- Keep stairways clear of objects that could cause you to fall while holding an infant.
- Choose a high chair that is stable and wide-based and that has a seat belt.
- Be sure all low windows are locked and well screened.
- Do not leave an infant in an infant seat alone when it is on a table or counter.

Poisoning

- Use non-toxic finishes and lead-free paint when painting and refinishing toys and infants' furniture.
- Keep all medicines in original containers and in locked cupboards.
- Keep house plants out of reach.
- See that all handbags, including those of visiting friends and relatives, are out of reach.
- Buy a bottle of syrup of ipecac to be used as directed in case of poisoning.
- Keep cosmetics and household cleaning supplies in original containers and store them out of reach.

General

- Use your tone of voice and simple phrases such as "No, don't touch" and "Not for baby" as a start to safety education for your infant.
- Provide good role modeling for safety.

Information on pages 4 and 5 has been provided by the American Red Cross. To find the nearest Infant and Child CPR class, contact your local Red Cross chapter or call (202) 639-3200.

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AMERICAN ACADEMY OF PEDIATRICS
1992 Family Shopping Guide to Car Seats

Buckling your children up shows you care about their safety.

More children in the US are killed and crippled in car crashes than from any other cause of injury. Therefore, it is now the law in every state that infants and children must ride buckled up in car seats or seat belts.

When used correctly, car seats provide excellent protection in most crashes. Car seats keep children from being slammed into the windshield or dashboard, thrown against other people, or flung out of the car in even a low-speed collision. They also keep children in their places, so that you, the driver, can pay attention to the road.

Choosing a Car Seat

- The "best" car seat is one that fits your child's size and weight, fits in your car, and can be used correctly every time.
- Check the label on the seat to make sure it meets current federal safety standards.
- Low- and high-priced models generally provide equal crash protection. Higher prices usually mean convenience features, which make the seat easier to use correctly.
- Tray-shields and T-shields keep harnesses from tangling. They must be low to restrain the hips. For small newborns, they often are too high and too far from the body to fit correctly.
- Find a seat with straps that are simple to adjust while the seat is in the car and one that has a seat belt path through which your car's belt can be fastened easily.
- If you must get a used seat, look at the label on the seat to make sure it was made after January 1, 1981. Those made earlier do not meet the same strict crash standards. Be sure to get instructions and all parts for any used seat.

Basics of Car Seat Use

- Always use a car seat, starting with your baby's first ride home from the hospital. Help your child form a lifelong habit of buckling up.
- Follow the manufacturer's instructions and keep them with the car seat.
- Check your vehicle owner's manual for special directions on using car seats with seat belts and air bags.
- Remember: the harness and/or shield holds the child in the car seat and the vehicle seat belt holds the seat in the car. Unless **both** are attached snugly, the car seat may not prevent injury.
- If a lap/shoulder belt does not stay tight, check the car seat instructions about using a metal locking clip.
- Never use a seat that has been used in a crash.

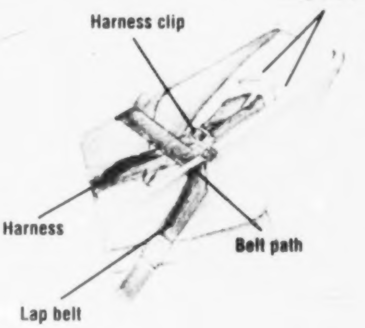
Using Car Seats Correctly

Infant Seats (birth to 20 pounds)

Advantages: Small and Portable. Fits small newborns best.
Disadvantage: Must be replaced by a convertible seat when outgrown.

- Install an infant car seat so the baby faces the back of the car, so that the seat supports both body and head during a crash. Never use an infant-only seat facing forward.
- If your car has a passenger-side air bag, put your baby in the back seat. If the air bag inflates, it could cause serious injuries to a rear-facing infant in the front seat.
- Use the infant car seat until your child reaches 17–20 pounds or until your child's head reaches the top of the car seat. If your baby outgrows it before 20 pounds, use a rear-facing convertible car seat until your child weighs 20 pounds.
- Route the seat belt through the right path on the car seat (see instructions) and pull it tight.
- Adjust the harness to fit snugly over the shoulders and between the legs. Place the plastic harness clip (if provided) at armpit level to keep the straps on the shoulders.
- Keep the shoulder straps in the slots at or just **below** the baby's shoulders.
- To keep a newborn from slouching, pad the sides of the seat and the space between the crotch and the harness with rolled up diapers or receiving blankets.
- If an infant's head flops forward, tilt the seat back a little by wedging padding under the base of the seat, just enough so the head stays upright.
- **Premature infants** should be watched in a car seat before discharge from hospital to see if the semi-reclined position adds to possible breathing problems. If the physician recommends, a car bed may be used for a short period so the baby can lie flat. A premie should ride where an adult can monitor breathing.

Infant Car Seat
– facing rearward –



Reprinted with permission from American Academy of Pediatrics, Safe Ride Program, 141 Northwest Point Blvd, PO Box 927, Elk Grove Village, IL 60009-0927.

Convertible Seats (birth to about 40 pounds)

Advantage: Fits child from 7–8 pounds to about 40 pounds.
Disadvantage: Bulky. Less portable than an infant car seat.

- Use a convertible seat facing the rear for babies up to 20 pounds. Keep it rear-facing as long as possible for the best protection.
- For children over 20 pounds who can sit up well alone, turn the seat to face forward. Use it until your child outgrows it, at about 40 pounds.
- Make sure the seat belt is routed through the car seat correctly in both forward and rear-facing positions (there are usually two different belt paths); pull the belt tight.
- Keep the harness snug, and readjust it as your child grows or changes outer clothing. Use a plastic harness clip at armpit level to hold shoulder straps in place, if provided.
- Thread the shoulder straps through the top harness slots in the forward-facing position.
- If you have an older seat that requires a top tether strap when facing forward, be sure to install it. Newer models do not need tethers, although use of an optional tether gives extra protection.

Toddler-Only Seats, Vests (over 20–25 pounds)

- These may take the place of convertible seats where available and appropriate.
- Follow installation and usage instructions with the device. Weight limits will vary.
- Always keep seat belts and harness straps snug.

Booster Seats (for children who have outgrown convertible seats)

Belt-Positioning Booster Seats (over 30 pounds)

Advantages: Uses vehicle shoulder belt to protect upper body and head. Preferred to shield booster when a lap/shoulder belt is available.
Disadvantage: Cannot be used in seating positions with lap belts only.

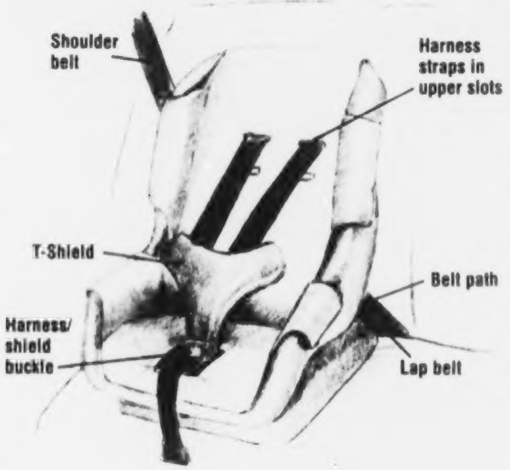
- The booster base will raise a child up so lap and shoulder belts fit properly.
- Some models have a separate shield that is added for use when only a lap belt is available (preferably over about 40 pounds). Others (not listed in this pamphlet) have only a base and are sold for children over 50 pounds.

Shield Booster Seats (about 40 to 65 pounds)

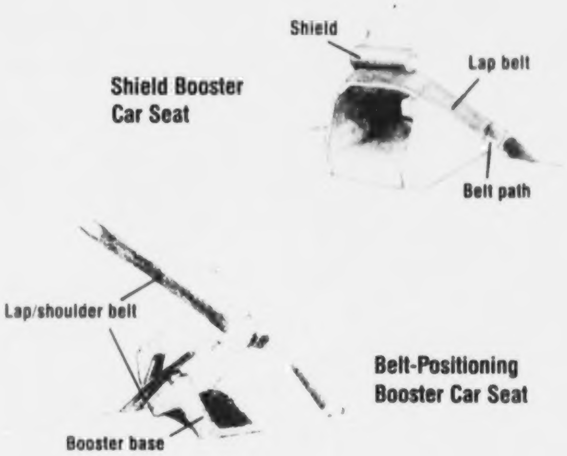
Advantage: Provides better protection than a lap belt alone.
Disadvantage: Gives less protection than a convertible seat or belt-positioning booster.

- A shield booster is suitable when a child has outgrown a convertible or toddler seat at close to 40 pounds, even if labeled for use at a lower weight.
- Small shield boosters provide more protection than lap belts alone if the lap belt does not fit very tight and low on the hips or if the child slouches so it rides up dangerously high onto the tummy.
- Never use a booster seat with a lap belt alone unless the booster has a shield.

Convertible Car Seat
– facing forward –



Booster Car Seat



Shield Booster Car Seat

Belt-Positioning Booster Car Seat

Health and safety

Family Daycare exchange

Daycare homes offer children a chance to work and play in a "real life" setting--a chance to interact with a home environment and learn everyday safety and cleanliness habits that will last a lifetime.

The warm, secure atmosphere of a daycare home also allows you to teach children how to react in a crisis (tornado, fire, etc.) without frightening the youngsters.

But at the same time, many things in a home can be hazardous to kids, including electrical appliances, stairs, bathtubs, and the dozens of poisonous medicines and household cleaners.

So this issue of our newsletter is planned to point out steps you can take to create happier, safer surroundings--not only for those children who depend upon you, but for your own family as well. In addition, we've supplied information you can use to ensure added legal and financial protection for your daycare in case of accidents.

BEST COPY AVAILABLE

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NCR 128g | Revised | May 1988

What's your role when a child is ill?

There are so many things kids can catch, in addition to colds and flu, that sooner or later children are bound to be ill. But caring for sick kids in a daycare can be a controversial subject. So, establish your own policy now--if you haven't done so already--and tell the parents how you plan to deal with sick children.

Some daycare providers think a sick child should not be near healthy children who, as a result, might become ill. Other providers will continue to take responsibility for a child unless the youngster is seriously ill.

Whether or not you decide to care for a sick child may depend upon:

- whether there are other young children in your care who might catch the child's illness.
- whether the child is running a high fever or vomiting. (For instance, you might refuse to take responsibility for a child with a temperature over 102 degrees.)
- whether you have a home arrangement that allows you to keep a sick child isolated from other youngsters.
- whether you think you can give proper care to the sick child and still care for the other daycare children.

While you're thinking about steps to take in event of a child's illness--also plan what to do in case you yourself are ill. Can you arrange to have a neighbor, relative, or friend serve as a "stand-by" daycare provider--coming into your home to take over--if you become ill or must be away from home in an emergency?

Smoking around children...DON'T

If you smoke, it's best not to smoke around children. Medical research shows that young children run a higher risk of respiratory infection and hospitalization for bronchitis and pneumonia--even a higher risk of death from pneumonia--when they are cared for by someone who smokes.

Granted, daycare work frequently results in long, difficult days and you may feel a need to smoke. But it's too hazardous to leave children alone--even briefly--for a cigarette break.

So if you must smoke, do it outside of daycare hours. Or wait until another adult can step in to watch over the kids (for instance, if your spouse or teenager comes home for lunch).

Remember, too, you're an important role model for the children and, in smoking, you may be setting an example for them even thougn you're not aware of it.

Take these steps to ensure medical aid for daycare kids

Most accidents in daycare homes are of the bump-and-bruise, cut-and-scrape variety. But with children, there is always the chance something more drastic can happen. And you may not always have time to get in touch with the child's parents before seeking help.

In most cases, a hospital emergency room will refuse to treat a child who is not in the company of a parent or otherwise authorized person. And hospital personnel may refuse to give treatment if they are unfamiliar with a patient's medical history.

So it's important for you to keep completed and signed medical history and emergency medical authorization forms on hand for each child in your care. Then, if a speedy trip to the hospital or physician's office is necessary, you can just grab the child's folder and take it with you. Sample forms are provided in this issue for you to copy.

Ask parents to have their signatures notarized on the "emergency medical authorization" form. This will help assure that their child will receive aid in an emergency and it will give you added legal and financial protection.

Get a written OK for medications

If a child in your care needs medication on a regular basis or just now and then for a fever, it's crucial for you to discuss this with the child's parents.

That way, you won't wind up giving too much or too little medication. That can easily happen if you and a parent double-up (both giving the child his/her early morning or late afternoon dose, for example) or if you each think the other person is to give the youngster's medicine.

For your own legal protection, make sure you get all instructions and permission--in writing--before you give any child any prescribed or over-the-counter drug. A sample authorization form appears in this issue. We recommend you use it for all medication, because some children may have reactions to even the most common drugs.

Poisonous surprises

Would it surprise you to learn that when children are poisoned, they are usually being supervised by adults and those adults are always surprised by the poisoning?

If you wonder how these accidents could happen--especially in the presence of adults--think about how long it takes you to answer the telephone or open a can of soup. It takes that much time--or less--for a youngster to reach for and swallow a poisonous product.

And there are so many household items that can prove poisonous to children, including:

household cleaners and laundry aids--window and oven cleaners, furniture and metal polishes, toilet bowl cleaners, furniture and metal polishes, toilet bowl cleaner, drain opener, ammonia, bleach, detergent, dyes, and dry-cleaning fluid.

grooming and beauty aids--shampoo, hair coloring, after-shave lotion, nail polish remover, hair preparations, cosmetics, perfume, and shoe polish.

drugs--cough syrup, aspirin, iron tablets, antihistimines, and many other prescription and over-the-counter drugs.

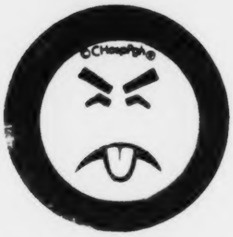
hobby and craft supplies--glues, cements, paints, varnishes, and other hobby items.

plant and lawn care items--fertilizers, weed killers, many other plant care preparations, and some plants.

garage and workroom supplies--anti-freeze, gasoline, kerosene, paint, turpentine, and paint thinners and solvents.

other items--charcoal lighter, rat poison, cigarettes, liquor, wine, gun cleaner, and typewriter cleaner.

Mr. Yuk



Mr. Yuk is a poison prevention symbol for children. He is pictured with an unpleasant face representing yuk. "This tastes bad."

Mr. Yuk stickers are to be placed on containers of hazardous products. Introduce the children to Mr. Yuk and remind them of what he represents.

You can get free Mr. Yuk stickers by writing to the National Poison Center, Children's Hospital, 125 DeSoto Street, Pittsburgh, PA 15213. Include a self-addressed, stamped envelope.

© Mr. Yuk, the poison warning symbol of the National Poison Center Network, Children's Hospital, Pittsburgh.

Handy to have around

Syrup of Ipecac is a must for every daycare home, but it must be used with care.

This liquid can induce vomiting, so it's important to have it on hand in case of accidental poisoning. But, depending upon the poison, vomiting may NOT be recommended. So do not administer syrup of Ipecac except on the advice of a physician or poison control center.

It's sometimes possible to get this inexpensive liquid free through physicians or pharmacies. If not, you can buy it without a prescription.

Remember, in case of poisoning: If you know what poison a child has swallowed, bring the container along to the doctor's office. If not, save anything the child vomits. This may help the physician identify the type or amount of the poison.

In case of poisoning

If you think one of the children you care for has swallowed a poisonous substance, take action immediately. don't wait to see how the poison affects the child.

Call the Poison Information Center in your area or call a physician, hospital or rescue squad and ask for instructions. (Do not induce vomiting unless the medical personnel or the product label tells you to do so.)

Try to identify what product the child has taken and its ingredients from the label. (Then keep the product for the physician.) If you can, estimate how much poison was taken and when the accident happened. Describe the child's condition--vomiting, drowsiness, change of color, coldness of skin, etc.

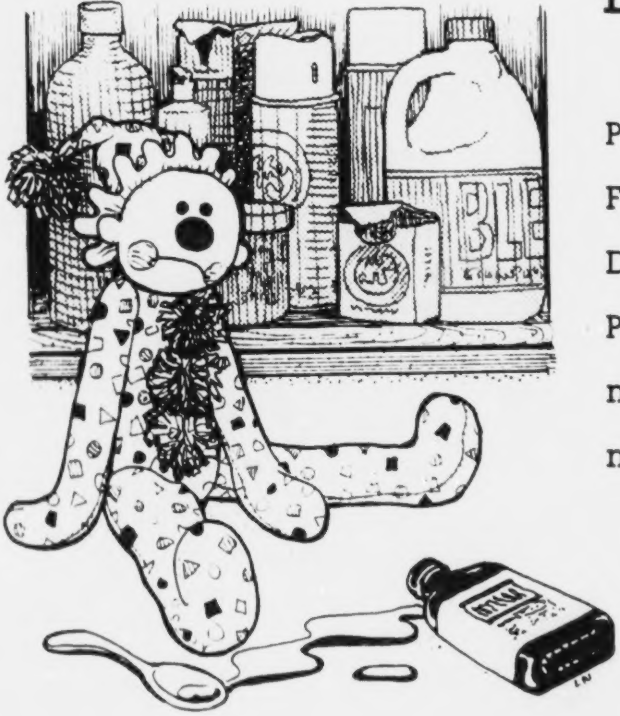
Call in a neighbor to watch the other children so you can get medical aid for the child.

Then call the child's parents. Explain what has happened, what has been done to aid the child, and what has yet to be done. If the child is to be taken to the physician's office or hospital, have the parents go directly there.

Under the haste and confusion of the experience, try to appear calm. The child will become more frightened if you appear to be excited or panicky.

To be prepared for such an emergency, look in your phone book or call directory assistance for the number of the nearest Poison Control Center. Write it down on your list of emergency numbers.

There are so many potential poisons in the average home that, as a rule, it's better to suspect a substance unless it's proven otherwise. Keep these items locked away out of the reach of children.



Emergency numbers

Police ______________________

Fire ______________________

Doctor ______________________

Poison Center ______________________

my address ______________________

my phone ______________________

How safe is your home?

Take a tour of your home with the following checklist of safety steps. For every item you accomplish, give yourself one point (two points for any of those with a *). Then add up the points to find your home safety profile.

☐ * there are screens, barriers, or coverings around fans, space heaters, and fireplaces

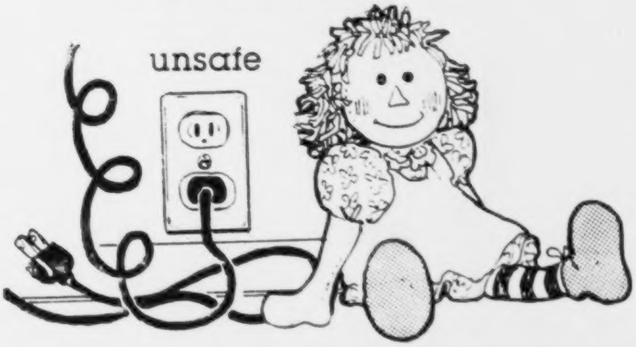
☐ there are no plastic film coverings hanging on clothes in closets that children have access to

☐ * hazardous household products are locked up or stored out of reach of crawling or climbing kids

☐ household products are all in their original containers

☐ no hazardous products are stored in food or beverage containers (example: bleach in soda pop bottles)

☐ * unused electrical outlets are covered with safety caps (available from hardware stores)

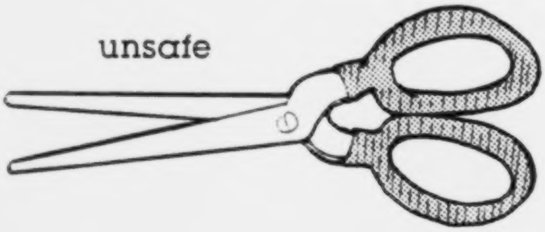


☐ near your telephone, you have a list of emergency numbers for:
  - ☐ police
  - ☐ fire
  - ☐ doctor
  - ☐ hospital
  - ☐ * the poison information center
  - ☐ a neighbor, relative, or friend willing to substitute for you in an emergency

☐ there are no poisonous plants (azaleas, castor beans, etc.) in play areas

☐ children cannot get to the back of your television set

☐ sewing items (pins, needles, scissors, etc.) are kept out of reach of children



☐ * medicines and over-the-counter drugs are locked up or out of reach of children

☐ there's adequate lighting where you give medicines to children

☐ extra lengths of electrical cord are folded up to keep kids from pulling on them or tripping

☐ * electrical cords for appliances (irons, toasters, radios, etc.) are out of children's reach

☐ medicines and household cleaners are in childproof containers

☐ stairways are barred with gates to keep children from tumbling downstairs

☐ there are no rough spots on the floor that a child could trip over

Score yourself:

44 to 50 points	a super safe home
35 to 43 points	a safe home
less than 35 points	a home that needs more safety precautions

☐ the yard is free of rusty nails and broken glass

☐ you and the children know where the tornado shelter is

☐ * you and the children have practiced a tornado drill

☐ * you and the children have practiced a fire drill

☐ * you have arranged for back-up help you can call in to care for the children in an emergency

☐ matches, lighters, and cigarettes are absent or out of reach of children

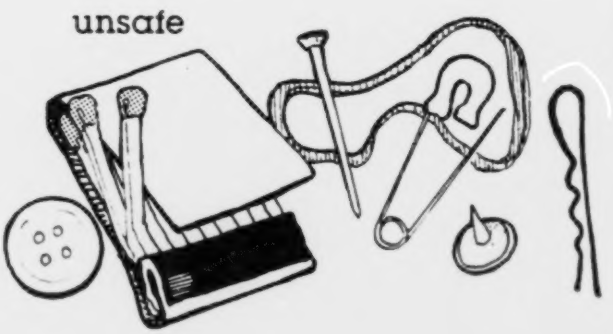
☐ no containers from hazardous products are discarded in your wastebaskets

☐ any fence is in good repair

☐ there's no peeling paint on walls or furniture

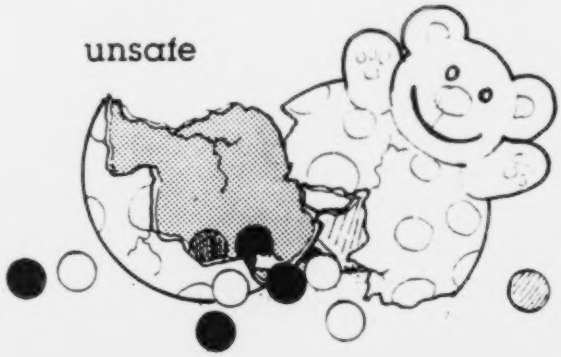
☐ no insect or rodent traps are lying on the floor in sight or reach of a crawling child

☐ no small, sharp objects are in reach



☐ when you're cooking around children, pots and pans are on back burners out of reach of little hands.

☐ the children's toys have no small parts that could be broken off and swallowed



☐ there are latches or locks up high on doors leading to areas off-limits to the children

☐ * there are no scatter rugs or slippery floors to hinder beginning walkers

☐ * you have Syrup of Ipecac in your home

☐ the children's toys have no sharp or jagged edges

☐ there are no darts, missile toys, or cap-guns in reach of young children

☐ any outdoor sandbox is covered when not in use to prevent cats from using it as a litter box

☐ lawn mowers and garden tools are stored where children can't get to them

Pet precautions for daycare homes

Having a pet to talk to and to touch can be a great psychological benefit to children--to shy youngsters in particular.

But there also can be risks involved in keeping pets in a daycare home.

Furred animals (especially cats) may pick up and transport fungus spores on their coats. Children petting the animals can transfer these spores to their own bodies.

There is always a chance that a youngster might get bitten if a pet is mishandled or over-stimulated in play. With older dogs that are prone to epilepsy, the danger is greater because the excitement of play might bring on a seizure.

Keeping turtles as pets isn't recommended because of their potential for passing on salmonella (an intestinal infection). And, if you have a bird of the parrot family (a budgie or parakeet, lovebird, etc.) keep it away from rooms where the children will be. These birds--if infected--can transmit an airborne respiratory illness to humans.

Litter boxes are a problem too. Young children are apt to put just about anything in their mouths. And cat feces may contain organisms that can be transmitted to humans. Most resulting infections are mild but, if a pregnant woman becomes infected, it can cause birth defects in the unborn child.

In most cases, the benefits of pets far outweigh the risks. And, you can reduce possible hazards to children by following these simple precautions:

- If you have pets, make sure parents know about them before you agree to care for a child. (The parents may know if the youngster is allergic to or afraid of animals.)

- Teach the kids to wash their hands after touching the animals. This is especially important before eating.

- Keep your pets clean. Because dogs and cats use their tongues to clean themselves, try to discourage pets from licking the children and vice versa.

- Empty kitty litter boxes daily. (If you are pregnant, have someone else do this job.)

- Keep any open sandbox covered when it's not in use, so cats won't adopt it as a litter box.

- Keep your pets free of internal and external parasites. (Fleas can bite children too.) And make sure pets receive all the vaccinations needed to keep them safe, including distemper and rabies shots (for cats as well as dogs).

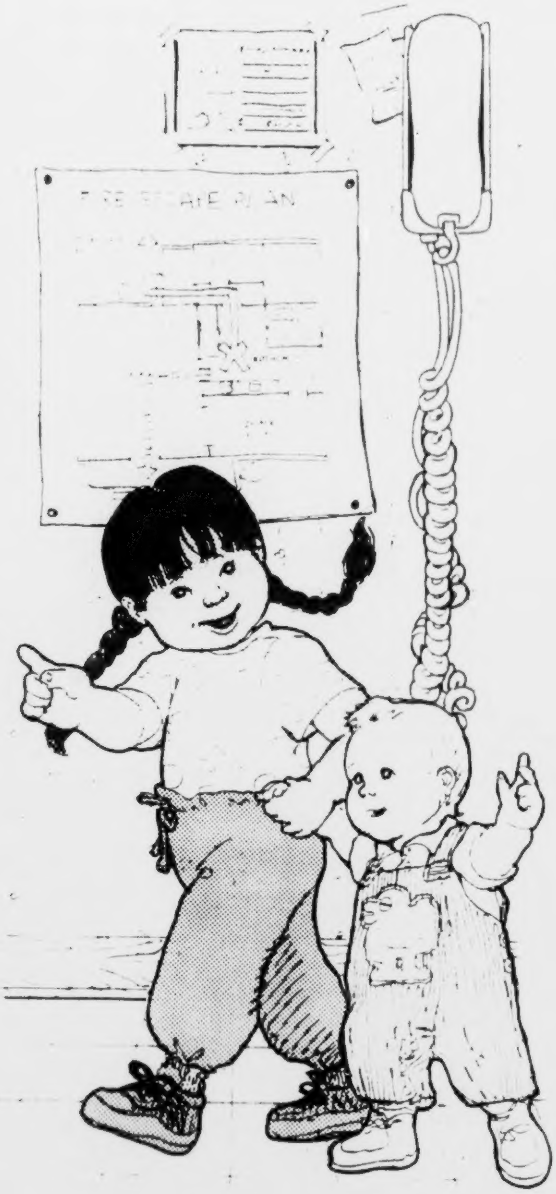
- Clean up animal feces in your yard. If the dogs and cats are infected, they can transmit roundworms to children through feces.

- And, if there are any toddlers in your care, make sure that soiled diapers are changed right away, to avoid any undesirable behavior on the part of the animals.

Plan now for your protection

The day of a tornado or fire is no time to figure out plans for saving the children and yourself. The added confusion of not knowing what to do or doing something new can increase the hazards in time of crisis.

So take time now to work out evacuation and shelter plans. Then practice both procedures periodically with the children so they'll know what is expected of them and where to go.



In case of fire

- Consider the traffic patterns in your home. Are all exits clear? Can windows be opened?

- Ask your local fire department to come and inspect your home for fire hazards. Many fire departments also offer information, cartoons, and storybooks telling kids about fire safety. And you might be able to get free stickers to put in windows of rooms where children play or sleep, so firefighters will know where to look in an emergency.

- Have a firefighter demonstrate how to put out clothing fires, so the children will know how to react in an emergency.

- Install smoke alarms in strategic places such as the living room, playroom, and bedrooms. Then check them regularly according to product instructions.

- Keep a fire extinguisher handy and know how to use it.

- Practice an escape drill. Make sure the children realize that in a real fire it would be important for them to stay out of the house--no running back in for toys or clothing.

- Arrange with a neighbor to shelter the children (in case you need to evacuate the house in cold weather) and to let you use the telephone to call for help. (Never call the fire department from your own home. Your first obligation must be to get all the children out safely.)

In case of tornado

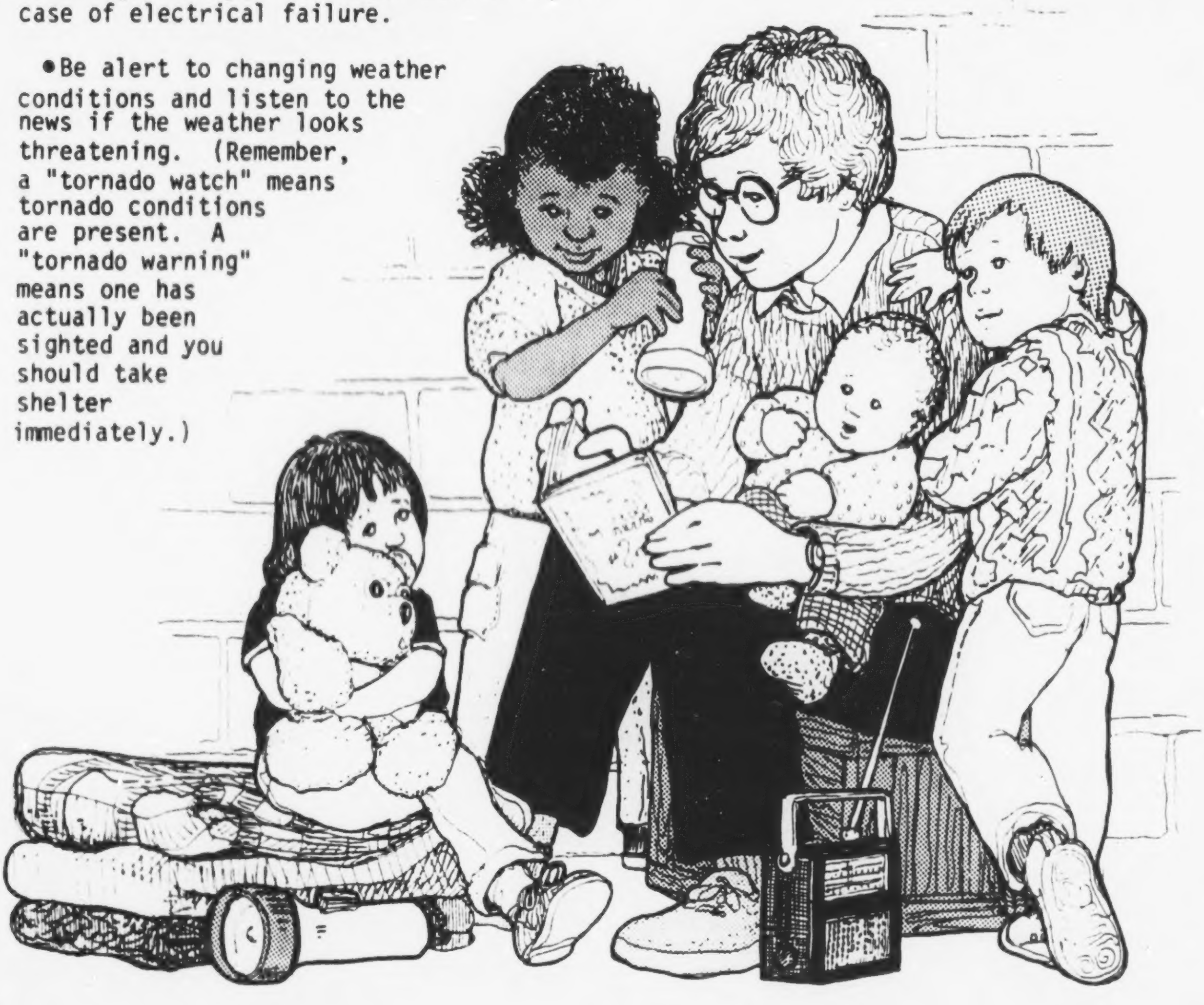
- Select a shelter in your home and practice going to it with the children. An ideal location is in a basement, under a sturdy table or workbench that will help protect you from flying objects. If your home doesn't have a basement, select an interior closet or a small room with no windows. (Never stay in a mobile home. Make shelter arrangements with a neighbor or friend instead.)

- Mark the route to the shelter area with reflective tape arrows and put an X or a "safety spot" on the wall of the shelter.

- Keep a transistor radio and a large flashlight handy, with fresh batteries, in case of electrical failure.

- Be alert to changing weather conditions and listen to the news if the weather looks threatening. (Remember, a "tornado watch" means tornado conditions are present. A "tornado warning" means one has actually been sighted and you should take shelter immediately.)

If the weather looks threatening, gather up some storybooks and blankets to put in the shelter area. You might pop a big bowl of popcorn too. Then, if you and kids have to head for the shelter, the adventure will seem less tense. The children can huddle under blankets, munch popcorn, and listen to stories while you wait for the "all clear." It's important for you to remain as calm as possible so as not to overexcite the kids.



Contagious diseases

Many common childhood diseases are contagious. That is, they spread from one person to another. Everyone knows that some illnesses (like chickenpox) can spread. But many people don't know that diseases like diarrhea, hepatitis, and impetigo can also spread.

Contagious diseases are spread by germs. Germs are so small that you can't see them without a microscope. Yet just a few germs on a hand or a sink or a toy may be enough to spread a disease.

Germs spread through body secretions. Intestinal tract infections spread through stool. Respiratory tract infections spread through coughs, sneezes, and runny noses. Other diseases spread through touching.

Many people who have contagious diseases have symptoms. That is, they - or you - can tell they're sick. Sometimes, though, people have contagious diseases - and spread germs - even when they seem to be WELL.

Also, someone can pass disease germs from one person to another - for example, by unwashed hands or a dirty handkerchief - without getting the disease him- or herself.

So it's important that procedures to prevent the spread of contagious disease be followed always - not just when a person in your home is already sick.

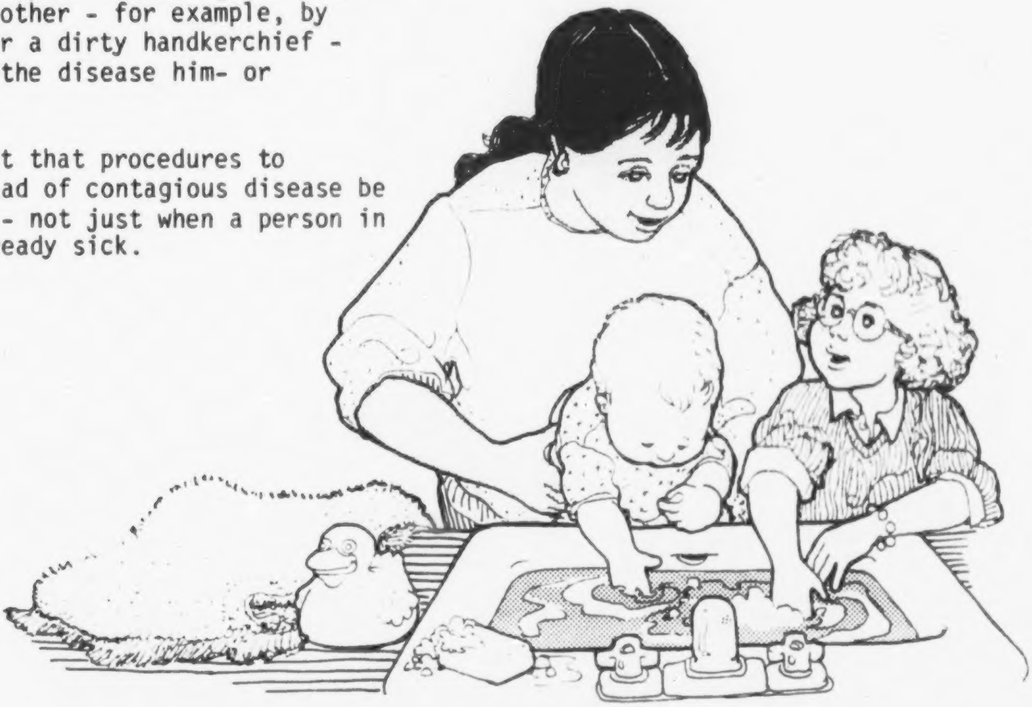
Wash your hands

Use this method to make sure your hands are free of germs:

-use soap and running water
-rub your hands vigorously as you wash
-wash all surfaces, including
  -backs of hands
  -wrists
  -between fingers
  -under fingernails
-rinse your hands well
-dry your hands with a clean towel.

Wash your hands often

-before preparing or serving food
-after diapering a child
-after wiping a nose
-after cleaning up messes
-after being drooled on
-and after you've been to the bathroom - either with a child or by yourself.



Keep the children's hands washed too

You wash the hands of little ones and be sure to see that older children get into the habit of always washing well.

- when they arrive at your home
- before they eat or drink
- after they use the toilet
- after they've touched a child who may be sick

REMEMBER: They will learn by watching YOU. Children copy what they see their special adults doing.

Be on the lookout for signs of disease

Symptoms of illness

- severe coughing
  - child gets red or blue in the face
  - child makes high-pitched croupy or whooping sound after he or she coughs
- breathing trouble
  - This is especially important in an infant six months old.
- yellowish skin or eyes
- pinkeye
  - tears, redness of eyelid lining, irritation, followed by swelling and discharge of pus
- unusual spots or rash
- infected skin patch(es)
  - crusty, bright yellow, dry or gummy areas of skin
- feverish appearance
- unusual behavior
  - child is less active then usual
  - child cries more than usual
  - child feels general discomfort or just seems unwell.

Also watch for frequent scratching of the body or scalp. This may be a sign of lice or scabies.

When a child has any of these symptoms:

- separate the child from the others
- take the child's temperature if you suspect a fever.
  Fever 100 degrees Fahrenheit or above (37.3 degrees Celsius)

If one of the daycare children is coughing or sneezing, tell the child to:

- COVER his or her mouth when coughing or sneezing
- Wash his or her hands afterwards.

If you wipe his or her nose, throw away the tissue and wash your hands.

Check to make sure ALL children's hands are washed before they play with others.

Ask each child's parent(s) occasionally whether everyone in the family is well. If a child's family member is sick, watch to be sure the child stays healthy.

Other signs that children may be sick

- gray or white stool
- unusually dark, tea-colored urine
- sore throat or trouble swallowing
- headache or stiff neck
- vomiting
- loss of appetite
- diarrhea

Contagious diseases (cont.)

Diarrhea means more than one abnormally loose stool. Even if a child has just one loose stool, diarrhea may be developing. So, be especially sure:

- the child's hands are washed the right way at the right times, and
- YOUR hands are washed
- the child is observed for additional loose stools.

Because you care for children every day, you are probably used to the way each child looks when he or she is healthy. This makes you especially able to notice when one of them is sick.

Stop disease when you are toilet training children

1. Place any soiled clothes in a plastic bag for parents to take home
2. Help the child use the toilet.
3. Help the child wash his or her hands. Tell the child that washing hands will stop germs that might make him or her sick.
4. If a potty chair is used, empty the contents into the toilet. Wash the potty. Wash the sink and disinfect all its exposed surfaces.
5. Wash your hands.
6. When children use the toilet, make sure they wash their hands correctly. To do this, you might
    - show children how to wash their hands
    - watch children wash their hands after they use the toilet, or
    - ask children if they washed their hands when they return from the bathroom.

Remember, a smile, a pat, or a few special words from you are special rewards.

Keep your home clean for your family and the daycare children

Daily:

- wash and disinfect soiled surfaces like faucet handles, toilet seats and handles
- check surfaces and objects that diapered children put to their mouths
- wash and disinfect crib rails, toys, and other mouthed objects
- wash mattress covers and linen, if each child does not get the same mattress cover every day.

Weekly:

- wash and disinfect floors, low shelves, doorknobs, and other surfaces often touched by diapered children.

Your health is important too

Follow these steps to protect yourself against disease and to make sure that YOU don't spread disease to children and other members of your household. These are good steps for all family members.

- wash your hands after using the bathroom and at all other times suggested here
- cover your mouth when you cough or sneeze and wash your hands afterwards
- check to make sure you are protected by immunization from diseases you may be exposed to

Some diseases you may be exposed to can be especially dangerous to adults. An immunization given by your doctor can stop you from getting a disease even if you are exposed to it.

Some diseases to be protected from include:

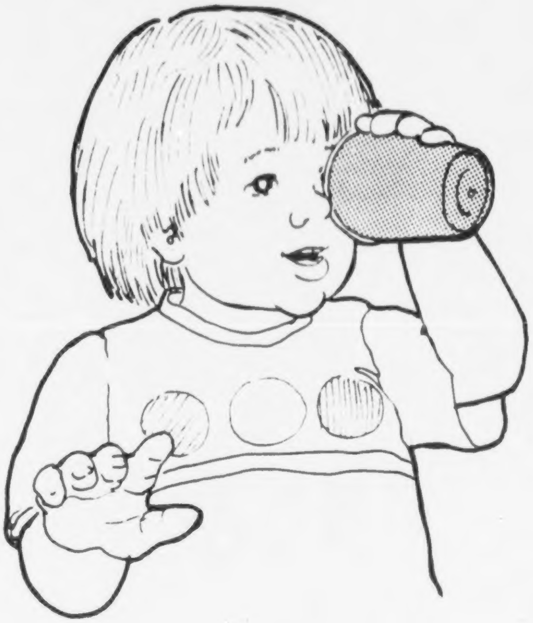
- mumps
- German measles, also called three-day measles or rubella (especially if you are a woman of childbearing age. Rubella in a pregnant woman can damage the health of the unborn child.)
- diphtheria
- tetanus
- polio (if you are younger than 18 or still in high school)

CHECK WITH YOUR PHYSICIAN!

Eye test for kids

Preschoolers don't usually know when they have vision problems. Blurred or burning eyes, double vision, or dizziness after close work may seem normal to the kids.

One out of every 20 youngsters has a vision problem that--if left uncorrected--could interfere with the child's development and schooling.



But you can be a big help to these children by giving them an easy-to-administer "vision screening" in your daycare home. Just write for the free "Home Eye Test for Preschoolers" from the National Society to Prevent Blindness, 79 Madison Avenue, New York, N.Y. 10016.

The eye test results won't diagnose a child's vision problem, but they will indicate which children need a professional eye exam.

Each eye test kit includes a chart designed for use with children who haven't learned to read, along with instructions for giving the test and for interpreting its results to the parents of daycare children. All you need is a paper cup the child can use to cover whichever eye is not being tested.

For your information

American Academy of Pediatrics (AAP) has many free and for sale publications of interest. Write for a list: American Academy of Pediatrics, Division of Health Education, 1801 Hinman Avenue, Evanston, IL 60204.

The American Public Health Association (APHA), in cooperation with AAP, is developing national health and safety standards for out-of-home child care programs. For more information, contact APHA, 1015 Fifteenth St., NW, Washington, D.C. 20005.

The American Automobile Association (AAA) has a traffic safety education packet for use with preschoolers. Contact your state affiliate or write to: American Automobile Association, Traffic Safety Department, Falls Church, VA 22047.

The American Red Cross has many free, useful pamphlets. Contact your local Red Cross office.

An immunization record lists recommended and required immunizations to protect children from disease. These should be available for you and for parents by contacting doctors, public health clinics, or public school offices.

Family Daycare exchange

Prepared by Dorothy Labensohn, extension specialist in human development and family life, with assistance from Pete Sandberg, former extension veterinarian, and Barb Abbott, extension communications specialist. Designed and illustrated by Lonna Nachtigal. This publication was originally developed by Labensohn in cooperation with Elizabeth Perkins, former extension communications specialist, Iowa State University, and was partially funded by the Title V Rural Development Act of 1972.

File: Family Life 2

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Promoting Health & Hygiene In A Child Care Setting

A child can become ill whether in child care or at home. But, when an illness occurs among a group of children, the situation becomes more complicated. It affects everyone – all the children in care as well as their families, the staff and, of course, the sick child who still needs care. The program must decide what implications an illness has to all these parties. At the same time, the parent is sure to feel torn between the demands of employment and the lack of alternatives for the care during the time a child is sick.

The most prevalent illnesses children can acquire fall into four broad categories:

- ***Respiratory infections*** such as colds and flu which are responsible for the greatest number of illnesses. Most colds exhibit themselves as fever, runny nose, coughing and sneezing. Many lead to ear infections or lower respiratory infections. These infections are generally transmitted by secretions from the mouth or nose or through droplets coughed or sneezed into the air.
- ***Intestinal infections*** which cause diarrhea such as viral enteritis, Giardia, Shigella, Salmonella or Hepatitis A. In these cases, infections are transmitted directly from the feces to the mouth usually by way of the hands, food or other objects which go into the mouth.
- ***Skin infections*** such as impetigo, lice, scabies or ringworm. These are generally transmitted through direct contact.
- ***Viral rashes*** such as chicken pox, measles, roseola and mumps. These are mainly transmitted through oral and nasal secretions and many are preventable through immunization.

It is inevitable that children in group care will get sick. They play very intimately, sharing toys and joys with one another. Additional factors include the fact that children at younger ages have lower resistance to illnesses and that children in group care have an increased exposure to illnesses because of the expanded numbers of people with whom they are in daily contact.

But, despite this inevitability, there are some measures child care programs can use to minimize the spread of infection and to promote and provide a healthy environment.

Get Off To A Good Start...

Begin by requiring that every child who enters care be under regular medical supervision and that all immunizations are current. Request a photocopy of the child's official immunization history for your files. Be sure that the parent keeps the original record. You can also request a written health report from the child's doctor or clinic as part of the initial enrollment information. Update this information at least annually.

Remind all the adults who work with children (yourself included!) to review their own immunization records and childhood illness history because they will be exposed to many common childhood illnesses. Staff who are unsure about what immunizations they have received should consult with their individual health care providers.

IMMUNIZATION CHART Childhood immunization means protection from nine major diseases: polio, measles, mumps, rubella (German measles), whooping cough (pertussis), diphtheria, tetanus, Hemophilus (Hib) and Hepatitis B infections.	DPT Diptheria, Pertussis, Tetanus	Polio	TB Test	Combined and given as MMR			Hib	Tetanus-Diphtheria	Hepatitis B
				Measles	Mumps	Rubella			
Birth									✓
2 months	✓	✓					✓		✓
4 months	✓	✓					✓		
6 months	✓						✓		
12-15 months			✓						
15 months				✓	✓	✓	✓		
15-18 months	✓	✓							✓
4-6 years	✓	✓	✓						
11-12 years				✓	✓	✓			
14-16 years								✓	

Recommendations may change so annual updates of immunization schedules from your local Health Department is necessary.

Adapted with permission from "Immunization Protects Children." American Academy of Pediatrics, 1990.

Handwashing

One of the most important factors in communicable disease control is careful handwashing by the children and staff. It should be done after toileting or diapering and before meals, snacks or food preparation. Handwashing should consist of vigorous scrubbing with soap followed by thorough rinsing under running water. It doesn't matter if the water is hot or cold. Although initiating handwashing routines with young children can be frustrating, persistence and patience will help children develop handwashing as a habit. You can save your back by adding safe steps to an adult size sink which make it possible for the little ones to reach running water. Liquid soap, especially when used in a dispenser, is more sanitary. Bar soaps can harbor many germs and their use should be discouraged. Use paper towels to dry hands and then to shut off the water faucets. Some faucets have large handles which can be shut off with the elbows. Since frequent handwashing by staff can cause dry, chapped hands, provide a soothing hand lotion to use during the day.

In the absence of running water (e.g. if changing diapers out of doors), improvise a way to wash hands by using an insulated container of hot water which has a spigot and a catch basin. Keep both out of the reach of the children. Dispose of the waste water in the catch basin in a flush toilet. Disposable handwipes do not clean and rinse like running water but can be used in a pinch (on a field trip, for instance).

Diapering

The diaper changing area or anything else that comes in contact with the child's feces or urine should be washed after every diaper change. The area should be located near a source of running water, preferably within arm's reach for convenient handwashing. The changing area should be separate from the food preparation area and any surface used for diapering should never be used for food service or storage. The table or counter surface used for diapering children should be a smooth, non-porous material such as formica, hard plastic, stainless steel or a washable pad covered with smooth vinyl. It should be free of cracks and easily cleaned (use a diluted disinfectant solution in a spray bottle, and then air-dry the surface).

Sometimes, disposable pads placed between the infant's buttocks and the surface will make clean-up easier. However, using pads does not eliminate the need to clean the changing surface itself with a disinfectant after each bowel movement. Suggestions for disposable pads are bleached newsprint, paper towels, or waxed paper on a wall dispenser (especially good because it doesn't absorb liquid). Each pad should be disposed of after each change.

Health factors now seem to favor the use of cloth diapers coupled with the hiring of a good diaper service. At one time, disposable diapers were being recommended for use by child care programs because they reduced hand and surface contact with feces and urine – and the resulting spread of germs.*However, recent changes in the way diaper services manage dirty diapers has changed that recommendation. Now, many services no longer require the flushing out of diaper wastes before depositing the diapers in their special containers for pick-up. So disposable diapers no longer have any advantage over the use of cloth ones.

*National Performance Standards published in 1992 recommends disposable diapers.

If disposable diapers are used, their contents should be emptied in the toilet. A closed garbage can lined with a strong plastic bag and operated with a foot pedal should be located near the changing area. It should be emptied as needed. Parent-provided cloth diapers should be placed in a plastic bag after the contents have been emptied in the toilet and then stored in a paper bag labeled with the child's name. Soiled clothing should be treated in the same manner. These bags should be kept away from food and the food preparation area until taken home. With either type of diaper, the steps to reducing the spread of illness are the same: 1) proper handwashing by adults and children; 2) surface sanitizing; 3) proper diaper disposal and 4) minimizing the handling of diaper wastes. (Any diarrhea discovered when changing a diaper should always be evaluated to determine if the child should be isolated from the other children and/or sent home from care.)

There is no agreement on whether gloves should be routinely used for diaper changing. However, they should always be available for especially "messy" changes and for those staff members who prefer to use them. Plastic bags can also substitute as gloves if gloves are not available.

Toileting Area

This area should also be convenient for handwashing. Step stools and toilet adapters that help children use flush toilets are preferred. Potty chairs should be emptied immediately after use. Toilets and potty chairs should be cleaned with a disinfectant solution during naptime and at the end of the day or when obviously soiled with feces.

Food And Food Preparation

Food preparation, serving and storage areas should be kept clean, dry and separate from the toileting and diapering areas. Never use the same sink for food and diapering. People should wash their hands thoroughly before handling food. Foods, especially dairy products, eggs, meat and poultry should be refrigerated at 40° and should never be left unrefrigerated for long periods of time. Leftovers should be refrigerated before cooling and should be dated. Cleaning dishes, utensils, bottles and nipples in a dishwasher is most effective. The hot water should be set at 140°.* In order to provide this temperature to the dishwasher and still avoid the possibility of the children scalding themselves when washing their hands, shut off the hot water to the sink the children commonly use. Handwashed dishes should be washed in hot soapy water. As an extra protection, after rinsing, dishes can be soaked for three minutes in a solution of 1 tablespoon of bleach to 2 gallons of water and then air-dried. Discard dishes that are cracked or chipped because they can harbor germs as well as old crusted food. High chairs, table tops and small chairs where children eat should be washed and sanitized with a bleach solution. On sunny days, these items can be taken outside to be air-dried.

*The temperature of the hot water children use to wash hands should be set at under 120°, or turn off hot water line to handwashing sink.

Preventing Respiratory Infections

Some suggestions for preventing respiratory illnesses are:

- Have plenty of tissues or rolls of toilet paper readily available for nose-wiping and put all soiled tissues in covered containers. Don't use a handkerchief – you must use a different tissue for each child. (Wash hands after wiping noses.)
- Teach children and staff to cover their mouths when they cough or sneeze and to wash their hands after — or to cough or sneeze to the floor or into a sleeve.
- Avoid dry overheated rooms which can make respiratory passages more susceptible to infection. Open the windows to dilute stale air with fresh air. Go outdoors daily.
- Space cots or sleeping mats at least 18 inches apart and place children alternately head to foot, i.e. a child with his head in one direction on one cot, the next child with his head in the opposite direction. Cover cots or mats with a sheet or washable blanket marked with the child's name — this will keep the cot clean.

- If you have a dishwasher, use it daily to wash plastic toys which the children put in their mouths.
- Wipe off doorknobs, shelves at children's level, crib rails, mats and other small baby furniture as well as toys which cannot be placed in a dishwasher at least once or twice a week. First, use soap and water to wipe off the layer of saliva that is usually present on these objects. Then follow-up with a disinfectant solution.
- Encourage children to get plenty of rest and to drink lots of fluids, especially those rich in Vitamin C.

Special Precautions When Handling Blood

Since some diseases such as Hepatitis B and AIDS can be transmitted through blood to blood contact, you should be especially careful if you have any open sores or cracked skin if you are handling blood e.g. cleaning a child's wound. Use disposable gloves to clean up or handle blood and use a more concentrated solution of bleach disinfectant, 1 part bleach to 10 parts water to clean surfaces. (Gloves should be worn anytime you can see blood in body fluids such as feces or vomit.)

Disinfectant Solution (Make fresh solution daily)

¼ cup bleach	1 tablespoon bleach
1 gallon of water (for cleaning large surfaces)	1 quart of water (for squirt bottle)

Keep this solution in a well-marked container out of the children's reach. For easy use, keep the solution in a clearly marked squirt bottle. For especially dirty surfaces, it is very effective to wash with a soapy detergent, rinse, apply the disinfectant and then air-dry.

Conclusion

Instituting good hygiene practices in a child care setting will minimize the spread of illness, but, remember, illnesses cannot be totally eliminated. There are many situations where child care providers will need to seek additional advice, especially when an illness or its effects on the child or the group is not commonly known.

The first step is to build a trusting relationship with all the parents so that everyone will share information. If a provider has adequate information about any illnesses occurring in child care, s/he can also be in a position to allay any anxiety the other parents may have about their own children. Additional information can always be obtained by calling the local Health Departments or your own medical consultant.

Additional Resources

- *California Immunization Handbook: School and Child Care Entry Requirements*, California Department of Health Services. Available free through your local Health Department Immunization Coordinator.
- *Child Care Health Connections: A Bimonthly Newsletter Promoting Health In Child Care*, Post Office Box 9573, San Diego, CA 92109.
- *Health In Day Care: A Manual For Health Professionals*, American Academy of Pediatrics, Publications Department, Post Office Box 927, Elk Grove Village, Illinois, 60009, 1987.
- *Healthy Young Children: A Manual For Programs*, National Association for the Education of Young Children, Suite 704, 1834 Connecticut Avenue, N.W., Washington D.C. 20009, 1989.
- *Caring for Our Children-National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, American Public Health Association Publications Sales, Department 5037, Washington, DC 20061-5037, 1992.

Additional BANANAS' Publications

- *Doctor's Kit*–a free Handout on making a doctor's kit and ideas to reassure children who worry about visits to the doctor.
- *Exposure Notice* – a free Handout to use when informing parents of their child's exposure to a contagious disease.
- *Healthy Child Care...Is It Really Magic?* – a child care health training video accompanied by posters, handouts and training activities. Specify either VHS or BETA. Brochure available. Summary preview tape available. ($49.95)
- *In Sickness and In Health* – a free Handout for child care programs to use in designing illness and exclusion policies.
- *Infants in Day Care - In Sickness and In Health* – a master's thesis by Noa Mohlabane which looks at the issues and options for center-based programs. ($7.00)
- *Sick Child Care For Parents and Child Care Providers*, a 44-page booklet which offers advice for those inevitable times when children are sick. ($4.00)
- This Handout, *Promoting Health & Hygiene in a Child Care Setting*, is also available in Chinese.

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updated 1992

What You Should Know About Contagious Illnesses

Please turn the page....

Contagious Illnesses:

Contagious illnesses are infections caused by specific germs — viruses, bacteria, fungi, or parasites — that can spread from one person to another. Most common childhood infections are not serious if treated properly but, in some cases, may require children and/or staff to stay at home. Use this chart to update your health guidelines and your written illness policy.

GUIDELINES TO PREVENT INFECTION

To prevent the spread of illness in your program:

- ✔ Require specific immunizations for both children and adults in your program. (See **Health & Safety**, Aug./Sept. 1992.)
- ✔ Insist on proper hand-washing procedures for all children and adults.
- ✔ Sanitize all diapering, toileting, and eating areas, as well as toys and furniture. Use soap and water and/or a bleach solution at least daily and after object or area is soiled.
- ✔ Air out the rooms of your center daily, and take children outside often.
- ✔ Place cots, cribs, and other furniture at least three feet apart, unless separated by screens.

EDITOR'S NOTE

Information contained in this article should not be used as a substitute for the medical care and advice of a doctor or public health clinic.

INFECTIONS	SYMPTOMS
CHICKEN POX	Cold with cough, mild fever, and an itchy rash. The rash appears as small, round, clear bumps with a red base. Bumps get darker, become blistered, open, then crust over.
COMMON COLD	Stuffy or runny nose, without fever.
COMMON COLD with cough and fever	Stuffy or runny nose, sore throat, coughing or sneezing, fever, watery eyes, and general fatigue.
CONJUNCTIVITIS	Eyes are pink or red and produce tears and white or yellow discharge. In the morning, the discharge may make eyelids stick together.
DIARRHEA	Loose, watery, frequent stools. May be accompanied by vomiting.
INFLUENZA	High fever, chills, congestion, coughing, and muscle aches.
MENINGITIS, epiglottitis (severe croup)	Meningitis: high fever, chills, vomiting, lethargy, poor appetite, and unusual irritability. (Older children and adults may also experience severe headaches, neck pain, and stiffness.) Epiglottitis: barky cough, fever, and sore throat.
STREP THROAT	Very red, painful throat accompanied by fever, tender and swollen lymph nodes (glands), headache, stomachache, and coughing.

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What You Should Know

TREATMENT	POLICY
Symptoms need to be treated with anti-itching medicine and lotions, medicine to control fever, fluids, and rest. Suggest that parents consult a pediatrician about specific treatment. Do not give aspirin! (Aspirin should not be used for fever control if influenza or chicken pox is suspected because of the rare association between Reye's syndrome [vomiting, liver problems, and/or coma] and influenza and chicken pox.) Watch other children in the program closely. Chicken pox is contagious two days before the rash breaks out; four out of five children exposed to it will get it.	Child or adult should stay at home until all blisters are crusted over and dry, and fever is gone. Person may return on the sixth day after the rash first appears (or sooner for mild cases).
Keep child's nose clean. Try quiet, individual activities. Avoid sharing toys and clothing and close contact with other children. Suggest that parents consult a pediatrician about medication, if necessary. (Usually rest and plenty of fluids are recommended.)	Child or adult does not have to be excluded as long as he or she feels well enough to attend.
Follow guidelines for a common cold but the child should be isolated. Let parents know that their child should see a pediatrician, as he or she may need antibiotics.	According to the American Academy of Pediatrics, the child should stay at home if fever is over 101 degrees Fahrenheit for infants younger than four months of age, or over 102 degrees Fahrenheit for children older than four months and adults.
Child should be seen by a pediatrician so he or she can prescribe an antibiotic eye medicine to prevent spread of the infection. Infected eye(s) will need to be rinsed out.	Child does not need to be sent home in the middle of the day but should see a pediatrician as soon as possible. (An adult should also consult a doctor.) Child or adult can return the day after treatment has begun.
Child needs extra fluids, but no solid food for 24 hours. The pediatrician may want to take a stool culture for specific infections. (Your program should be aware of the results, especially if it's hepatitis.)	Child or adult should stay at home until diarrhea and vomiting are treated, if necessary, and gone.
Rest and plenty of fluids are recommended. Again: Do not give aspirin to treat a high fever! (See explanation for chicken pox.) Suggest that the child see a pediatrician in case of a secondary bacterial infection (ear or sinus infection, pneumonia) that requires antibiotics.	Child or adult should stay at home until fever and other symptoms have subsided.
A closely supervised program of antibiotics (and sometimes hospitalization) is required immediately. Speak to parents of other children as well as the adults in your program who have had contact with the child about seeing their doctors for preventive antibiotics.	Child must stay at home and be treated by a pediatrician, and your program must be informed. Child can return when he or she is well. Any child or adult contact should be excluded, too, until his antibiotic treatment has started.
Child should be seen by a pediatrician. An oral antibiotic to be taken for 10 days is usually recommended (either when symptoms begin or after the results of a throat culture are received). A single, long-lasting injection may also be used to treat strep.	Child or adult should stay at home until he or she has had at least 24 hours of antibiotic medicine and fever is gone. Anyone who is mildly ill can continue to attend while awaiting the results of a strep culture, if the doctor has not begun antibiotic treatment. (If the culture proves to be positive, send person home.)

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COMMON CHILDHOOD ILLNESSES

by Judy Calder, RN

Early childhood health problems can make parents and providers feel that children "get everything that walks past the front door." But take heart, many childhood illnesses result in lifelong immunity, and children outgrow the tendency to get certain types of illnesses. Ear infections, for example, become less frequent because the Eustachian tube or ear canal becomes longer as a child grows. **These are the general things you and the parents in your program should know about illness in young children:**

- illness is inevitable
- illness is normal
- children in group child care get sick more often,
- they get sick more often with minor illnesses than with serious ones that would require hospitalization
- most working parents are not given unlimited work leave to spend with their sick child.

Because of this inevitability you must prepare by:

- knowing how to reduce the spread of illness in your family day care home[1]
- knowing the signs of common illness
- knowing the signs of serious illness
- knowing how to respond to the signs of illness
- having a procedure in place for administering medication[2]
- having a good system of communication with the parents that includes:
  - Daily health observations
  - Illness policies
  - Inclusion/exclusion policies
  - Emergency Medical Authorization Form
  - Illness Exposure Notice
- improving your knowledge about health and safety issues by taking classes
- promoting your own health and your family's health.

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[1] See article on "Promoting Health and Hygiene in a Child Care Setting" in this Handbook.

[2] See article on "Legal Aspects of Caring for Sick and Injured Children" in this Handbook.

Information from "Sick Child Care for Parents and Providers" by BANANAS Inc., 1980.
Revised 1992 by Judy Calder, RN, for BANANAS, Inc.

This article is designed to provide accurate and authoritative information on the topic covered. It is made available with the understanding that the publisher is not engaged in rendering health or other professional advice. If health consultation is required, the services of a competent health professional should be sought. As with any other publication, be sure to check whether the information contained within remains current.

Common signs of illness are the same for many diseases:

- lack of energy
- paleness
- sneezing
- sore or scratchy throat
- diarrhea
- fever over 101° (orally)
- headache, earache, or aching back or legs
- swollen neck glands
- watery nasal discharge
- chilliness or a chill
- tight, dry cough
- red, watery eyes
- nausea or vomiting.

Generally these are signs that tell you to monitor that child more carefully to see if there is an improvement or decline in health. Family day care providers are not expected to diagnose disease as much as observe, document your observations, and report your concerns. You will want to observe what you saw, the time you saw it and how often the symptom occurred, and document what action you took (for example, "took temperature, and called parent"). **Some signs of serious illness for which a parent may be expected to come right away and seek medical attention include:**

- unusual lethargy, sleepiness or confusion
- fever higher than 102° rectally, 101° orally or 100° axillary (armpit)
- uncontrolled coughing
- persistent irritability and/or crying
- difficult breathing, wheezing
- neck pain or stiff neck when moved or severe headache
- signs of illness in babies under 4 months
- seizure in a child who has never had one
- persistent vomiting
- persistent pain.

- RESPONDING TO SIGNS OF ILLNESS -

Fever

Fever is very common in young children and can be very frightening to some people. Fever, however, is not an illness but a sign that there is an infection or other occurrences such as overheating, strenuous exercise or overdressing. Fever is now thought to be a friend in fighting disease in its early stages and fever reduction medication for fevers under 102° rectally may not always be necessary. Generally children who are given acetaminophen to lower a high fever (over 102°) feel better but the underlying illness that caused the fever may still have to be treated. Children also benefit from an increase in their fluid intake. Always let a parent know when you have observed fever in a child. While a parent may not have to come immediately at the sign of a low grade fever, often they may want that choice as well as the opportunity to seek advice from their health provider.

How to take a temperature

There are several ways to take a child's temperature, by oral, rectal or axillary (armpit) routes. When taking an oral temperature, wait at least 15 minutes after a child eats or drinks, place the thermometer under the child's tongue, and hold it there for at least 3 minutes. A rectal temperature is appropriate for children who are too young to hold the thermometer under their tongue, generally under 3-4 years old. Apply lubricating jelly to the insertion end and insert the end about 3/4 inch into the rectum, keeping your hand on it at all times. Leave the thermometer in place for 2-3 minutes. Always inform the parent about taking a child's temperature rectally to avoid any suspicion about genital handling. The axillary method is appropriate for newborns and very young infants. Place the bulb end of the thermometer in the baby's armpit with the arm held close to the body and keep it there for 5 minutes.

There are also several types of thermometers: the traditional glass type that comes as an oral version (long skinny bulb) or rectal version (short rounded bulb). Because they are difficult to read, you should practice before you actually need to use them. Always shake down the mercury by holding the end opposite the bulb and shake well away from anything you could accidently bump. Then hold the thermometer up to the light and you will see some lines and numerical markings. Slowly rotate the thermometer until you see the "line" of mercury which will indicate the temperature before applying to the child.

Some providers prefer a digital thermometer because they are easier to read, have a faster read out and come with disposable plastic covers. Although they cost more initially they do not break as easily as glass ones and may wind up saving money. Follow the manufacturer's instructions for the use of a digital thermometer.

Febrile seizures may occur when a child has a high fever that rises rapidly. This is seen most often in children between the ages of 1 and 3 years. About 10% of children in this age range are vulnerable. During the seizure, protect the child from additional harm by turning the child on his or her side so the saliva can drain out of the mouth. Do not put anything in the child's mouth and wait until the seizure stops. Inform the parent, and if this is the child's first febrile seizure, medical attention should be sought as soon as the parent can arrange it. Administer fever-reducing medicine. In children susceptible to febrile seizures it is important to keep the fever down below 102° (rectally). Make sure that you give the correct dose of acetaminophen at the proper time, as too little is ineffective and too much can be dangerous. Do not give aspirin unless recommended by your doctor, as it has been associated with the development of *Reye's Syndrome*. Bathing the child can also help to bring a fever down. Put the child in a lukewarm bath for at least 30 minutes, making sure that the groin and underarm are cooled.

Colds

There are over 100 viruses that can cause a cold or upper respiratory tract infection and young children have very little immunity to them. Children, especially the under-fives, get many colds whether they stay at home or are in child care situations. The worst part of a cold lasts 2 to 3 days. Most colds bring sneezing, a runny nose, watery eyes, and fever. An infant with a congested nose may also have trouble sucking, which can be an upsetting experience. Coughing from a cold may cause vomiting. Remember to encourage the child to drink lots of liquids when s/he has a cold. Unfortunately, there is no antibiotic to cure a viral cold. It is important to watch for a severe sore throat, a sharp rise in temperature, or a deep chest cough. These symptoms may indicate that a secondary infection has occurred. This would require a pediatrician's advice and different treatment. It is also important to watch for the development of ear infections.

Ear Infections

Young children often pull or rub their ears as a result of an earache. Irritability, or refusal to suck a bottle or lie down for longer periods, may also be signs to watch for. Often they occur with colds when mucus gets trapped in the ear canal. Only a health professional can diagnose an ear infection and prescribe the appropriate medication. A series of untreated ear infections can sometimes lead to hearing loss. Sit the child up to promote drainage away from the ear drum and keep the mucus loose and fluid by using a cool mist humidifier. Give plenty of fluids and any pain medication ordered by the health professional and for which written parental permission has been given. The most important job you have is to **make sure the child gets the antibiotic over the prescribed period of 10 days**. Be sure to do this even if the child is looking better. Ear infections are never considered communicable and there is no reason to exclude a child with an ear infection that is being treated.

Flu

Like the common cold, the flu is caused by a virus and is very contagious. But the flu is more severe. It takes one to three days to develop, then comes on quickly with a sore throat, fever, chills, headache and muscular aches, and loss of appetite. Sometimes it brings vomiting, a cough, and general weakness. The fever usually lasts about three days. Full recovery takes nine to fifteen days, if no secondary infections such as pneumonia develop. Treatment is the same as for colds: rest, drink lots of fluids, and give fever and pain medication recommended by your doctor. Never give aspirin to young children or teens without advice from a doctor. Aspirin administration has been associated with the development of *Reye's Syndrome*.

Diarrhea

These kinds of infections are very common and have a variety of causes, including non-contagious diarrhea caused from food intolerance and the side effects from antibiotic treatment. Good hygiene, especially handwashing before eating and after toileting, and care in handling food, are preventive measures you can take. A child with uncontrolled watery diarrhea, especially accompanied by other symptoms that cannot be contained by the diaper should be excluded from care until inclusion can be determined by the child's health provider. Dehydration can be a serious problem for infants, especially if diarrhea is accompanied by fever and vomiting. Immediate medical attention should be sought for babies with these signs. Often children return to care on clear fluid diets or replacement fluids.[3]

Vomiting

Vomiting also may have several causes. If a child has had two episodes, especially accompanied by other signs of illness, that child should be isolated until the parent can pick him or her up. Dehydration may be a problem for infants, especially if vomiting is accompanied by fever or diarrhea, and medical advice should be sought for diagnosis and treatment.

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[3] See the "Exposure Notice" in this Handbook for diarrheal diseases that require advice from local Health Departments.

Urinary Tract Infections

Symptoms of urinary infections are: frequent urination in small amounts, burning or pain when urinating, or wetting pants or the bed when this is unusual for the child. The urine may appear cloudy or blood-tinged. The child should be seen by a doctor promptly to prevent further, more serious infection and fever. Treatment consists of antibiotics or sulpha drugs. Encourage the child to drink lots of liquids, especially cranberry juice. Urinary infections can be a result of poor bathroom hygiene. Bubble bath is also a frequent source of irritation or infection, especially for little girls, whose urethras are shorter than those of boys! Teach girls to wipe from front to back after toileting to avoid the spread of bacteria from the feces.

Contagious Diseases

A communicable (contagious) disease is one that can be spread from one person to another. The types of germs which cause contagious diseases are: viruses (common cold, flu, chicken pox); or bacteria (strep throat, impetigo). The importance of knowing which one is causing an illness is that some can be treated with antibiotics and others can only be treated for the symptoms they cause. Many childhood illnesses are most contagious before they are recognized and diagnosed, so that a policy that excludes a child at the first sign of illness may have very little impact on the spread of diseases, especially upper respiratory infections. **Most of the common contagious diseases you will see in your family day care home are listed on the "Exposure Notice" in this chapter.** It's important to inform the parents of others who may have been exposed so they can watch for signs of an impending illness in their children. If you ever have any questions about communicable diseases or have to report their occurrence, the Public Health Nursing Unit of your local Health Department will provide you with all the information and support you need.

Other Reasons for Excluding a Child

Excluding a child from care often requires making a judgment about what is in the best interest of the child or the child care program. In addition to the above recommendations, you may also exclude if a child's pain, discomfort or signs of illness prevent the child from full participation in the program, or the demands of the child's needs go beyond what can be reasonably provided without compromising the health and safety of the other children. But remember, you serve the needs of working parents, and many children who are mildly ill can be easily cared for in a family day care setting. Developing your competence in caring for mildly ill children will decrease your worry about illness, and will also enhance the services you are able to offer parents.

- CHRONIC DISEASES -

There are many chronic diseases that appear in children with various degrees of severity. The parent is your best source for information in addition to the professionals who may be caring for the child. In order to care for a child with a chromic disease, you will need to know the nature of the illness, how to manage it and when to seek help. Because of the new Americans with Disabilities Act, it will be difficult to deny access to children with these conditions. Here are some more common chronic diseases you may encounter.

Allergies

Children can have a wide variety of allergies that present themselves in different ways, such as hay fever, eczema, hives, and asthma. They can be very mild to severe. Common allergens are indoor and outdoor dust, pollen, animal fur and dandruff, feathers, insect venom, and foods such as nuts, shellfish, eggs, cow's milk, and wheat. The treatment usually involves avoiding the allergen and perhaps taking medication when the allergic reactions flare up. If severe reactions such as difficult breathing appear, the parent and health provider should be notified.

Asthma

Asthma is usually characterized by noisy, wheezy and sometimes "juicy" breathing. It can be caused by allergies such as dust, pollen, molds, and feathers. But attacks can also be precipitated by smoke, odors, infections, exercise or change of weather. The treatment should focus on removing the irritant and starting prescribed medication. Some children receive this medication in an on-going way.

Epilepsy

Although it is a rare disorder, epilepsy scares many people because of the seizures or convulsions that may accompany it. The two most common types of seizures are grand mal, which usually affect the whole body, and petit mal, which are more vague, from slight twitching to repeated episodes of staring blankly. Most children have their epilepsy controlled by the daily use of medication. If a child should have a seizure while in your care, remember to keep calm, stay with the child and let the seizure run its course. Turn the child's head to the side to drain saliva and **do not place any objects in the mouth during the seizure.** If a seizure should last more than 15 minutes, seek emergency assistance. Children are generally very tired after a grand mal seizure. After you have told them what happened, offer them the opportunity to rest or resume activities.

Sickle Cell Disease

With sickle-cell anemia, the normal round blood cells take on a sickle shape. They then have difficulty moving through tiny blood vessels and become damaged or destroyed. This can cause periods of fatigue and pain. Common locations of pain during a crisis are the hands, feet, legs, and abdomen. Treatment is focused on pain reduction and the avoidance of over-exertion and infections.

- EMERGENCY SITUATIONS AND FIRST AID -

The best way to prepare for emergency situations is to take the first-aid courses sponsored by the Red Cross or other training programs. Call your local chapter to find out the schedule of classes. Being prepared by having a well-stocked first-aid kit will also reduce confusion when an emergency occurs.

A first-aid kit should include:
- assorted bandages and band-aids
- gauze squares
- roll of 2-inch sterile gauze
- adhesive tape
- cotton
- soap
- scissors
- tweezers
- child's rectal thermometer (can be used orally if clean)
- pain relieving/fever reducing medication
- syrup of ipecac (to induce vomiting)
- activated charcoal (for use in cases of poisoning)
- rubber gloves and plastic bags for handling blood.

Should an emergency situation occur, take the following steps:

1. Assess the emergency by checking for breathing, pulse, bleeding, broken bones.
2. Do not move a child unless absolutely necessary.
3. If injury seems at all serious, send for medical aid. Dial 911.
4. Remain calm and offer assurance and comfort.
5. Designate one person to remain with the child while another seeks aid.

Breathing
Know how to give artificial respiration and first aid for choking. (See handout on "First Aid for Choking Infants/Prevent Infant Injuries" in this Handbook).

Cuts and Scrapes
Clean thoroughly with soap and water and cover with a band-aid. Expose to air and sun when possible.

Bleeding
Apply firm, direct pressure with a clean cloth, and elevate injured body part above head. For larger cuts that gape open (especially if they appear on the face or areas that bend, such as the elbow or knee), you should consult a doctor or clinic to see if stitches are needed.

Nosebleeds
Have the child sit still with the head up. Apply gentle pressure to the nostrils with a handkerchief. It's best to do this at least 5 minutes by the clock.

Head Trauma

Symptoms indicating a serious head injury may not be present right away. Things that you should look for are:

- change in pupil size, especially if the pupils are different sizes
- severe headache - in an infant it may present itself as increased crying and irritability
- unusual drowsiness and/or repeated difficulty in waking
- nausea and/or repeated or forceful vomiting
- unsteadiness in walking or crawling
- bulging fontanel in infants
- seizures
- unconsciousness.

What to do. If there is bleeding involved, to stop the bleeding apply direct pressure to the wound for 10 to 15 minutes if necessary, then treat accordingly. A bruise or lump does not necessarily indicate a serious injury. If the child appears to be fine after a head injury, you can observe him/her at home. If any of the above symptoms occur, have the child be seen by a doctor. **Prevention.** Head injuries are common in young children learning to walk. Pad the sharp edges of coffee tables and other low pieces of furniture. Secure pieces of furniture that children might pull down on top of themselves.

Seizures

Some of the symptoms you may notice if the child has a seizure are rigidity and jerking, ceiling of the eyes or the head thrown back in a stiff fashion. Seizures may have many causes. Some of the most common are: high fever, epilepsy, head trauma, or ingestion of a drug or chemical. **What to do?** Let the child finish the seizure before you do anything else. Move any furniture, etc., out of the way so the child doesn't get injured. Turn the child's head to the side so that if s/he vomits, it will not be aspirated. You can place a pillow under the child's head if it is a hardwood floor. After the seizure is over, the child may be disoriented and exhausted. Reassure the child and try to have him/her relax in a quiet place. A child must be seen by medical personnel if s/he has had a seizure for the first time. Also see section under fever for "febrile convulsions."

Burns

Immerse in cold water until pain subsides, or lightly apply cold compresses that have been wrung out in ice water. Do not apply greasy ointments such as butter or Vaseline. Seek medical advice when burns occur on the face or over large areas of the body. To help avoid accidents, keep your hot water heater turned down to a temperature below 120°, and make sure that heaters - especially ones set into the floor - cannot be reached by young children.

"Shaken Infant Syndrome"

A very serious injury to children which has come to our attention is "Shaken Infant Syndrome." Most of the time this injury occurs when adults shake children strenuously when frustrated or angry. The back and forth vigorous movement of the head may cause brain damage and bleeding in and on the surface of the brain. Shaking can also cause spinal cord or eye damage. Many people are not aware that young infants have very weak neck muscles and only gradually develop the strength to control their heavy heads. Severe damage of this type is most common in very young infants, but it has happened to three and four year olds. Make sure that parents also know how dangerous it is to shake a child!

What Are the Common Injuries in a Child Care Setting?

Most injuries in child care are minor, requiring nothing more than minor first aid and major comforting from the care giver. The most common injury in child care is biting, followed by bumps and bruises as the result of collisions with objects or other children. This information should be reassuring both to providers and parents. Despite this, we still must be constantly vigilant and prepared to respond to more serious injuries.

- WHEN SHOULD I CALL THE DOCTOR? -

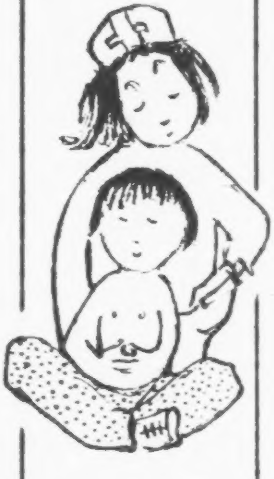
When to Call the Doctor IMMEDIATELY

Any of the following conditions require prompt medical evaluation:

- Bleeding that cannot be stopped by direct pressure to the wound.
- Unconsciousness.
- Anything beyond a local reaction to an insect sting.
- Breathing difficulties, difficulty catching breath, turning blue.
- Convulsions. Have someone call the doctor while you stay with the child. If convulsions last longer than a few minutes, take the child to the hospital emergency room.
- Severe, persistent abdominal pain that lasts more than two hours.
- Bloody or tarry (black) bowel movement in a child who is not taking iron. It indicates internal bleeding.
- Diarrhea in infants. Watch for signs of dehydration such as listlessness, fever, dry skin, and failure to urinate.

When to Call the Dentist Immediately

If a child knocks a tooth loose, even if it's a baby tooth, call the dentist immediately. If the tooth has been knocked out, find it and wrap it in a clean, wet cloth. Teeth can be successfully reimplanted if the child is treated promptly. This is true of baby teeth and should be done to encourage proper spacing when permanent teeth come in.



When to Call the Doctor During Office Hours

The First Year

- Vomiting. Be able to describe the amount and frequency.
- Unusual crying. Hoarseness, whining cries, or unexplainable cries may indicate problems.
- Fever. A rectal temperature over 101° for two hours or more plus other symptoms accompanying it.

Preschool Age (1 to 6 years)

- Fever (taken rectally) over 101° for two hours or more, and any accompanying symptoms.
- Persistent headaches more than twice a week, or associated with nausea or vomiting.
- Dizziness. If a child cannot keep his/her balance.
- Persistent vomiting.
- Unusual fatigue or weight loss.
- Constant cough or hoarseness.
- Frequent sore throats and mouth breathing.
- Frequent nosebleeds. This may indicate a problem if bleeding occurs at night or while the child is inactive.
- Sore or swollen joints.
- Frequent or painful urination.
- Enlarged lymph nodes in neck and sore throat.
- Abdominal pain with increasing severity.
- Croup - a loud, deep, dry cough with breathing difficulties.

What to Look for in Classes on Health and Safety Promotion

- First aid classes should: focus on the needs of children, include injury prevention, and include choke-saver methods.

- CPR classes should teach infant and child techniques and provide manikin demonstration.

- Health promotion classes should include methods for reducing the spread of disease in a child care setting, ways to promote the health in individual children, and suggestions for establishing health policies.

- Instructors should have the credentials to teach these topics, should have some sensitivity to the needs of child care providers, and should provide some type of documentation of course participation.

- Courses that teach emergency preparedness, nutrition, child abuse identification, and caring for children with special needs will add to your basic knowledge of health and safety.

These classes can be located through community colleges, American Red Cross, American Heart Association, local hospitals or your local Resource and Referral service.

BANANAS HANDOUT

Exposure Notice

The following recommendations are guidelines for providers and parents and may be subject to variations depending on circumstances, prevailing medical opinion, and program capability to integrate children with illnesses in to care. Providers should seek medical consultation from the local health department or a medical consultant whenever an outbreak of a communicable disease occurs.

PROVIDERS -- When informed that a child in your care has one of the following illnesses, complete this form and post it on your front door, bulletin board or near the parent sign-in sheets where parents will see it. Additional illnesses are listed on the other side. Please do make copies of this Handout for future use.

****

DATE:__________________

DEAR PARENTS:

YOUR CHILD MAY HAVE BEEN EXPOSED ON______________TO THE CONDITION THAT IS CHECKED BELOW.
(date)

☐ **CHICKEN POX** (Varicella) — Onset 2-3 weeks after exposure to infected individual. Communicable from 1-2 days before rash appears. Signs are slight fever and irritability for one day, then fine blisters appear, first on trunk, then rest of body. Isolate child for six days after onset of rash or less if all lesions have dried and crusted over.

☐ **GERMAN MEASLES** (Rubella) — Must be documented by test. Onset 2 weeks after exposure to infected individual. Signs are slight "head cold," swollen glands at back of neck, changeable rash which goes away in 2-3 days. Isolate child for seven days after onset of rash. Keep child away from all women who are pregnant.

☐ **MEASLES** (Rubeola) — Must be documented by tests. Onset about 1-2 weeks after exposure. Communicable from 4 days before rash. Signs are runny nose, watery eyes, fever (which may be quite high), cough. A rash appears about the fourth day of illness. Isolate child for 4 days after the appearance of the rash.

☐ **RINGWORM OF THE SCALP** (Tinea Capitus) — Onset 10-14 days after exposure to infected hair from animals or man. Communicable as long as lesions are present. Signs are small ring-shaped lesions, scaly patches of temporary baldness. Seek medical attention for diagnosis and medication; isolation impractical, but avoid sharing of brushes, combs and hats.

☐ **RINGWORM OF THE BODY** (Tinea Corporis) — Onset 10-14 days after exposure to infected persons, animals or other articles. Communicable as long as lesions are present. Signs are flat, scaly, spreading ring-shaped lesion. Treatment is thorough bathing and removal of scabs and crust and application of fungicidal cream (e.g. Tinactin). Isolation not necessary but avoid direct contact with lesions.

☐ **STREPTOCOCCAL INFECTIONS** (includes Scarlet Fever and Strep Throat) — Onset 2-5 days after exposure to respiratory secretions. Communicable 10-21 days if untreated. Symptoms are sore throat, fever, and in some instances, a rash develops. Seek medical attention if symptoms appear; isolate child until 24 hours after antibiotic treatment and until child is without fever for 24 hours.

☐ **CONJUNCTIVITIS** (Pinkeye) — Onset 24-72 hrs. after exposure to an infected individual or articles, e.g. towels, wading pools. Symptoms are red, irritated tearing eyes, swollen lids, and a yellow discharge that makes the eyelashes sticky. Children under 5 are most susceptible. Consult with physician for diagnosis and treatment; isolate child until 24 hours after antibiotic treatment started.

BANANAS Child Care Information & Referral • 5232 Claremont Avenue, Oakland, CA 94618 • 658-1409

DATE:________________

DEAR PARENTS:

YOUR CHILD MAY HAVE BEEN EXPOSED ON________________**TO THE CONDITION THAT IS CHECKED BELOW.**
(date)

☐ **IMPETIGO** (Streptococcal or Staphylococcal skin infection) — Onset 5 days after exposure to an infected individual. Appears as honey-crusted sores on skin, often around mouth, nose, diaper area or extremities. In very mild cases, soak and remove crust and cover with antibiotic cream. When more extensive, seek medical treatment. Isolate child until 24 hours after antibiotic injection. Avoid contact with lesions.

☐ **HEAD LICE** (Pediculosis) — Transmitted directly or indirectly from another human. Contact must be close; lice do not jump or fly. Child may complain of an "itchy" head. Eggs or nits (tiny, pearly white objects) which stick tightly to the hair shaft generally appear first around neckline and around ears. Consult your physician or pharmacist for treatment. Isolate child until treated; other members of the family should be checked carefully and clothes and bedding cleaned thoroughly. (Write BANANAS for our *"Head Lice"* Handout.)

☐ **PIN WORMS** — Transmitted by eggs from the feces of an infected individual to the mouth. Itching of the anal area, especially at night, is the most common sign. A thread-like worm may be visible in the stool. Consult physician for diagnosis and treatment. Other members of the family may have to be treated; isolation may be impractical but special care is diapering and toileting and hygiene measures should be taken.

☐ **HAND, FOOT, AND MOUTH DISEASE** (Coxsackie virus) — Onset 3-6 days after exposure to respiratory secretions, or feces of infected individual. Communicable for one week after start of illness. Symptoms include sudden fever, sores in mouth and throat, and small blisters on hands and feet. No treatment is usually necessary. Isolation of the child is not necessary, but good hygiene and handwashing when diapering and toileting are important.

☐ **GIARDIASIS** — Onset varies and ranges from 6-22 days after exposure to the feces of an infected individual or contaminated food or water. Communicable as long as individual has active infection although that person may not have symptoms. Symptoms appear 1-4 weeks after exposure and may include loss of appetite, abdominal cramping, bloating, frequent loose bowel movements which may be pale, greasy and smelly. Persons with symptoms should have their feces tested and seek treatment. During outbreaks, treatment is necessary for infected persons. Isolation required for individuals with diarrhea until it resolves.

☐ **SHIGELLOSIS** — Onset usually 1-7 days after contact with feces of an infected individual, or articles contaminated by the feces of an infected individual. Communicable during the time an individual has an infection. Diagnosis is made by testing the feces. Signs of infection are fever, diarrhea, vomiting, cramps. In severe cases, the feces may contain blood, mucus, or pus. Suspected cases should seek immediate medical treatment. Health Department will follow-up contacts. Isolation of individuals necessary until diarrhea resolves.

☐ **SALMONELLOSIS** — Onset 8-24 hours (or could be as long as 60 days) after exposure to article or food (commonly raw chicken, eggs, milk) contaminated with the feces of an infected person or animal, for example, chicken or turtle. Signs are sudden abdominal pain, diarrhea, nausea, vomiting, fever, and loss of appetite. Suspected cases should be isolated and seek immediate medical diagnosis and treatment. Health Department will follow-up contacts.

☐ **HEPATITIS A** — Onset 15-50 days after exposure to the feces of an infected individual. Signs are fever, weakness, loss of appetite, nausea, jaundice and abdominal discomfort. May be more severe in adults than in children. Very young children may not show signs but they can carry the germs and spread them to others. Contagious from two weeks before to one week after symptoms start. Suspected cases should seek medical treatment. During outbreaks, children, staff, or households should receive immunoglobulin protection. Health Department will follow-up contacts.

For more information or additional free copies of this form, call or write BANANAS, 5232 Claremont Ave., Oakland, CA 94618, 658-6046.

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-A Rosenberg Foundation Publication-

What's Fair for Sick Care?

Which diseases and symptoms should be kept home?

by Russ Vogel

A recent study of some 700 family day care homes in California's San Diego County revealed that at any given point in time, an average of 17 percent of children in care were ill when they walked through the door in the morning.

The average child gets sick between between five and twelve times annually—and never of course when it's convenient. Dr. Betty Bassoff of San Diego University's Graduate School of Health (where the above-mentioned study was conducted) reports that a key factor in catching illness in the morning is giving each incoming child a careful checkover for symptoms.

Better checkovers *are* certainly a factor in keeping illness out of child care more often. But an even larger obstacle may be having the courage to tell parents that they have to turn around and go home again instead of to work. Care for mildly ill children is one thing, but when kids are too sick to participate, or when they are clearly just passing the germs around the room, the provider is stuck in a lose-lose situation between the parent who needs to have child care and the rest of the group who may contract an illness—not to mention the sick child who needs to be in bed. It's a hard call to make.

Giving the bad news

Kharon Hunter, a Topeka, Kansas, provider of 24 years, recalls many situations where she has noticed symptoms before parents do. If the symptom doesn't seem serious, she starts out by telling the parent how great their child is doing in general, and *then* tells them about the symptoms she is noticing. Parents do react more positively if they don't get a "guilt" message first. This idea works especially well for Hunter when she is concerned about sensitive issues like hygiene or inadequate outdoor clothing.

But when do you have to tell parents that their child is too ill to stay, you need to sound sure of yourself. An illness policy statement—which you have previously discussed with parents at length—can come in very handy at these moments. The illness policy allows you to say, "Remember...we talked about these symptoms before when we went through the policy. Would you like another copy?" Having a prearranged agreement about illness

Writing illness policies

The tone of an illness policy statement can be friendly and business-like at the same time. A short introductory paragraph might say:

"Thanks for trusting me with the health and well-being of your child. The following health policies are meant to protect your child and the other children in care. Please feel free to discuss them with me at any time."

Most importantly, parents need to know when you may require that the child be kept at home or sent home. This is not easy when every situation is a little different. The way to be more clear is to say—in writing—that you reserve the right to be the final judge about whether the child is to be excluded from care.

The provider should state that she or he will:

- monitor hand-washing and frequently wash hard surfaces and toys;
- inform parents of any symptoms or exposure to contagious disease within the group or the children's families;
- make every attempt to include the mildly ill child in care.

Continue with requirements like the following:

- parents will report symptoms immediately to the provider;
- parents will carefully monitor hand washing at home;
- children have an extra set of clothing at family day care;
- toys from home are washed before the child brings them;
- parents will report to the provider any communicable disease exposure within their family;
- a child with a communicable disease comes back to care with a doctor's written permission;
- medication comes with a doctor's written instructions and a parent's signature for dispensing them.

Have the parents sign the policy form and give them a photocopy.

Reprinted with permission from Family Day Caring, (February 1992), Redleaf Press, 450 North Syndicate Suite 5, St. Paul, Minnesota 55104-4125.

saves arguments over whose perceptions about illness are more correct. The policy may be adapted from one received from a child care support service, or even a center in your area, or it may be one you write yourself. The policy states clearly that if the child has certain symptoms, he will not be allowed in care.

What's fair?

When developing or adapting an illness policy, how do you decide what's fair—and which symptoms are dangerous? Many providers have started with their state health regulations, which they learned about by calling the public health department of their city or county. They've used these policies as guidelines to back them up on their decisions about when a child should be kept at home or receive medical attention.

From there, the provider looks at the general health of the children in their group to decide up front if there are any unusual circumstances: a chronic illness, a tendency toward a runny nose or diarrhea, a single parent who loses pay when she stays home with her child. Just how flexible to be depends on whether the situation would work for the size of your group, your environment, whether or not someone else can help out with extra supervision, and simply how you feel about accepting illness.

The American Academy of Pediatrics (AAP) takes the position that there are very few illnesses for which children need to be excluded from care. Often other children have already been exposed by the time symptoms appear in the ill child anyway. But exposure isn't the only factor for a child care provider: the provider has to know that she or he is able to adequately care for the ill child and the rest of the group.

Deciding whether to keep a child in care will also depend on his individual health and your past experiences. If one child's colds have meant absences from three other kids in a week's time, a tougher policy overall is a good idea. If everyone is careful of handwashing, washing surfaces and toys, and having clean clothes available, it may be okay for a child with an illness to remain in care (unless he develops contagious symptoms—see the charts on page twelve).

The delivery

The ideal time to introduce an illness policy to parents is before they agree to bring their child to care. But when you develop a policy for parents already in care, the most important part will be the delivery. Generally, parents need to know that the reason you are implementing a policy is to help prevent illness and help children get well sooner. Discussion should also clarify when children should be kept at home, what symptoms precipitate calling parents at work, and the level of care the provider *can* offer for ill children. Parents will want assurance that you will make every attempt to include their child in care when he is only mildly ill.

Of course, having a policy statement doesn't prevent all problems. Abby Shapiro Kendrick, program manager for back-up care at Work/Family Directions (headquartered in Boston) hears stories from providers who call her for advice. "Parents can come down on either side of the issue. Within the same group of parents, some will be angry that a sick child is in care and others will be upset that their ill child can't remain in care...that the provider is being inflexible with them." In her experience, the majority of parents are more comfortable once they understand the rationale behind the policies.

Kharon Hunter (Topeka) relates that parents "tend not to read it line by line. So we go through exactly what's going to happen when different things do occur." The other part of illness she stresses with parents is deciding ahead of time who will care for the child: first of all, which parent in a two-parent family will take responsibility if you need to call, and secondly, who do you call if neither parent can be reached in a reasonable period of time?

Finding substitute care is the parents' responsibility, but the provider can

Diseases

Children with the following diseases should be excluded from child care:

- bacterial meningitis
- diarrhea related to shigella, campylobacter, salmonella, giardia
- diphtheria
- hepatitis A
- measles
- mumps
- pertussis (whooping cough)
- pneumonia, epiglotitis, or infectious acute arthritis
- rubella (German measles).

–from the Center for Disease Control

Symptoms

Children with the following symptoms should be excluded from child care:

- yellowish eyes or skin
- severe coughing
- difficult or rapid breathing
- diarrhea
- pinkeye.

If fever above 100 degrees F. accompanies any of the following symptoms, the child should be excluded:

- spots or rashes
- sore throat or trouble swallowing
- infected skin patches
- unusually dark or tea-colored urine
- grey or white stool
- headache or stiff neck
- vomiting
- unusual behaviors such as crankiness, copious crying, or low activity
- loss of appetite
- severe itching of body or scalp.

–from the Center for Disease Control

make the process easier by offering some leads. Start by being aware of sick child care services. If there aren't any of these in the community, parents should try a neighbor, family member, provider or teacher substitute, nanny, or health agency professional. Other sources might be a child care referral agency or licensing office, or a society of nurses. Stress the importance of setting up sick child care ahead of time.

Self-protection

Be sure to have a signed statement from parents about transporting children to the hospital, immunization records, and any other medical records, such as a list of allergies. Many providers ask for written permission from a doctor before accepting a previously contagious child back into care. A number of states require that the provider contact all parents, as well as public health departments, in the event of a more serious infectious illness, such as hepatitis or meningitis. Whether or not it's a requirement, providers should post an "exposure" notice that parents will see in these cases. And it's a good idea to get signed permission from parents for administering any medication, including children's aspirin. Some states may require these consent forms; check with the licensing department or the public health department.

Providing sick care

Most providers do care for kids who are only mildly ill; both Kendrick and Hunter agree that from the child's point of view, it only makes sense. The family day care home is an extension of the child's home. "When a child is sick," asks Hunter, "why would you send him out of the home?"

Two common illnesses that you might accept in care are colds and earaches. Because colds are contagious before symptoms appear, children who have the symptoms do not pose a threat to others. In fact, research has shown that children in care do not get sick more often when children with colds are present.

Similarly, earaches do not pose a threat: while it may *seem* that they pass from child to child, they are not, in fact, contagious.

The AAP says that a sick child needs adequate rest, appropriate diet, increased liquids, medication as ordered, and physical and emotional support.

Better communication from the parent *and* from the provider can improve the health of one child and often of the whole group. As the California study indicates, kids need adults to take their symptoms seriously.

For further information:

What to Do to Stop Disease in Child Day Care Centers, available at local health departments or by writing to the Government Printing Office • Superintendent of Documents • Washington, DC • 200402.

Problems and Prevention of Infection for Infants and Toddlers in Group Care, Child Care Health Project, 8374 Fresno Ave., La Mesa, CA 92041 (619-697-9002).

Those Mean Nasty Dirty Downright Disgusting…but Invisible Germs, Redleaf Press • 450 North Syndicate, Suite 5 • St. Paul, MN • 55104 • 800-423-8309.

Family Day Care Health and Safety Checklist (video and checklist), Massachusetts Department of Public Health; available from Redleaf Press (see address above).

Child Care Health Connections, a monthly health and safety newsletter. For information, write to: Child Care Health Connections • P.O. Box 9573 • San Diego, CA • 92109.

Russ Vogel writes on a range of topics and is currently acquisitions editor for Wiley Law Publications in Denver, Colorado. He and wife Cydney are soon expecting their first child, who will never, he presumes, be too ill for child care.

BEST COPY AVAILABLE

Get Medical Help Immediately

For some conditions, you need to get medical help immediately. When this is necessary, and you can reach the parent without delay, tell the parent to come right away. You may also need to have the parent tell the doctor that you will be calling because you are with the child. If the parent or the child's doctor is not immediately available, contact the facility's health consultant or EMS (Emergency Medical Services) for immediate medical help.

Tell the parent to come right away, and get medical help immediately, when any of the following things happen:

- An infant under 4 months of age has an axillary temperature of 100 degrees Fahrenheit or higher or a rectal temperature of 101 degrees Fahrenheit or higher.
- A child over 4 months of age has a temperature of 105 degrees Fahrenheit or higher.
- An infant under 4 months of age has forceful vomiting (more than once) after eating.
- Any child looks or acts very ill or seems to be getting worse quickly.
- Any child has neck pain when the head is moved or touched.
- Any child has a stiff neck or severe headache.
- Any child has a seizure for the first time.
- Any child acts unusually confused.
- Any child has uneven pupils (black centers of the eyes).
- Any child has a blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with injury.
- Any child has a rash of hives or welts that appears quickly.
- Any child breathes so fast or hard that he or she cannot play, talk, cry, or drink.
- Any child has a severe stomach ache that causes the child to double up and scream.
- Any child has a stomach ache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall.
- Any child has stools that are black or have blood mixed through them.
- Any child has not urinated in more than 8 hours; the mouth and tongue look dry.
- Any child has continuous clear drainage from the nose after a hard blow to the head.

Note for programs that provide care for sick children: If any of the conditions listed above appear after the child's care has been planned, medical advice must be obtained before continuing child care can be provided.

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First Aid for Choking Infants

Choking and suffocation emergencies are the leading cause of accidental death in infants less than one year old, according to a recent study by the Injury Prevention Center at Johns Hopkins University.

The American Red Cross Infant & Child Campaign urges anyone who cares for infants to learn infant and child CPR to prevent the most common tragedy of the first year of life. This August, they launched a new course entitled, "American Red Cross: Infant and Child CPR." The course is available through your local Red Cross chapter.

"While most people have heard about the abdominal thrusts sometimes called the Heimlich maneuver used to help a choking adult, many parents are unaware that you don't use the same technique on a choking infant," said Robert Burnside, director of health services for the American Red Cross. "First aid techniques for infants are different from those used with adults because of their different body sizes."

The abdominal thrusts used to help a choking adult would do more harm than good if used on a baby. A choking infant needs to be held in a certain way to receive a series of back blows and thrusts.

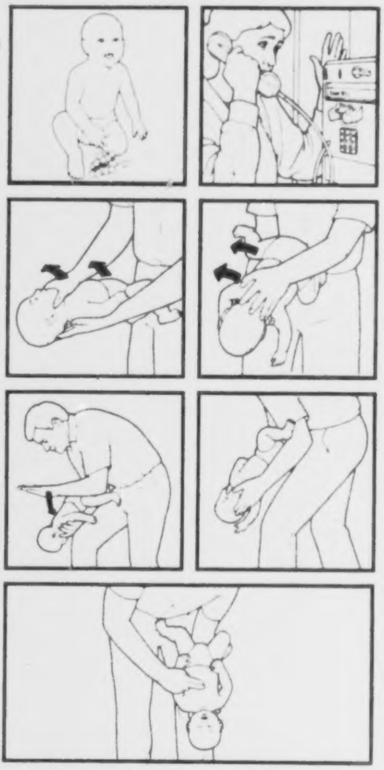
Unlike adults, infants and children typically do not suffer cardiac arrests brought about by an unhealthy lifestyle. A child's heart will stop beating, however, after the child stops breathing, so it's vital that all adults who care for children learn first aid for breathing emergencies.

"We want everyone who has anything to do with children to understand the need to know rescue breathing for infants and children," added Burnside.

Only six states—Arizona, Minnesota, Nebraska, Oregon, Texas, and Washington—require that a minimum number of child care providers in each child care setting be trained in CPR.

For more information about the course, contact your local Red Cross chapter.

For a Conscious Infant



1 Is Infant Choking?

2 Shout, "Help!"

Call for help if infant:

- Cannot cough, cry, or breathe.
- Is coughing weakly.
- Is making high-pitched noises.

3 Phone EMS for Help

- Send someone to call an ambulance.

4 Turn Infant Facedown

- Support infant's head and neck.
- Turn infant facedown on your forearm.

5 Give 4 Backblows

- Lower your forearm onto thigh.
- Give 4 backblows forcefully between infant's shoulder blades with heel of hand.

6 Turn Infant Onto Back

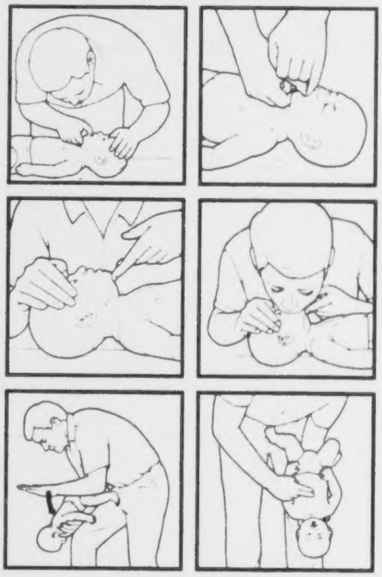
- Support back of infant's head and neck.
- Turn infant onto back.

7 Give 4 Chest Thrusts

- Place middle and index fingers on breastbone.
- Quickly compress breastbone ½ to 1 inch with each thrust.

Repeat steps 5, 6, and 7 until object is coughed up or infant starts to cough, cry, or breathe.

If infant becomes unconscious, place infant on a firm, flat surface.



8 Look for Object in Infant's Throat

- Grasp tongue and lower jaw and lift jaw.
- If you can see object in throat, try to remove it with a finger sweep.

To Do a Finger Sweep

- Slide finger down inside of cheek to base of tongue.
- Sweep object out.

9 Open Airway

- Tilt head gently back and lift chin.

10 Give 2 Slow Breaths

- Keep head tilted.
- Seal your lips tight around infant's nose and mouth.
- Give 2 slow breaths for 1 to 1½ seconds each.

11 Give 4 Back Blows

12 Give 4 Chest Thrusts

Repeat steps 9, 10, 11, and 12, until airway is cleared or ambulance arrives.

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CHILDREN, PARENTS, AND HIV

American
Red Cross

Young people across America are hearing about HIV and AIDS. Most know that AIDS is a disease that kills. They need accurate information about how HIV, the virus that causes AIDS, is spread—and how it is not spread. This brochure can help you talk to your children about HIV infection, including AIDS, and about ways to reduce their risk of ever becoming infected with the virus.

What do I need to know about HIV infection and AIDS?

AIDS stands for *acquired immunodeficiency syndrome*. It is caused by the human immunodeficiency virus (HIV). HIV may live in the human body for years and can be spread to other people through sexual and blood-to-blood contact even before any symptoms appear. It primarily affects you by weakening your body, making it incapable of fighting diseases and infections. These diseases and infections can kill you.

It is important to understand that people infected with HIV usually look and feel healthy and, for years, may not even know that they are infected. When symptoms do appear, they can be like those of many common illnesses—swollen glands, coughing, fever, diarrhea. These symptoms vary from person to person. Only a blood test can tell if someone is infected with HIV. Only a doctor can diagnose AIDS.

Why should parents know about HIV and AIDS?

As frightening as AIDS is, we cannot allow our fears to block our efforts to teach children about this serious disease. It is important for you to know the facts about HIV and AIDS. When you know the facts, you can help your children learn how the virus is and is not spread.

Why should parents talk to their children about HIV and AIDS?

One out of every five people with AIDS today is between 20 and 30 years of age. It can take up to 10 years for symptoms to appear—which means these people may have been infected while in their teens. To help prevent the spread of HIV infection among young people, parents and their children need to talk about HIV/AIDS facts and share family values. HIV/AIDS prevention is most effective when young people hear these messages early.

Is there a vaccine or a cure for AIDS?

No. Scientists expect that finding a vaccine or cure will take many more years of research. Some treatments available now have helped people who have AIDS to live longer and more comfortably. Even with these medicines, however, AIDS cannot be cured. But HIV infection *can* be prevented.

How is HIV spread?

These are the most common ways in which HIV is spread:

- ► Having vaginal, anal, or oral sex with someone who is infected with HIV.
- ► Sharing needles or syringes with someone who is infected with HIV.
- ► From an infected mother to her baby during pregnancy or childbirth, and, rarely, through breast feeding.

Some people have become infected with HIV through infected blood and certain blood products (used for transfusion and to treat diseases like hemophilia). The chance of becoming infected with HIV through transfusion in the United States is now very low. Donated blood and plasma have been tested for antibodies to HIV since 1985. Blood tests now used to detect antibodies to HIV are over 99 percent accurate. In addition, people who indicate that they are at risk of being infected with certain germs, including HIV, are not allowed to give blood. If antibodies to HIV are found in donated blood, the blood is destroyed. However, testing cannot completely eliminate the risk of infected blood.

If a person does donate blood or plasma soon after becoming infected, that person's body may not have had enough time to produce antibodies that can be detected by current blood tests.

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What about the HIV antibody blood test?

People who are concerned that they may be infected with HIV may want to consider taking the HIV antibody blood test, and getting HIV counseling both before and after being tested. The test looks for signs of HIV by testing for antibodies to the virus. The body almost always develops antibodies to fight off viruses that enter the bloodstream.

It usually takes from a few weeks to a few months for HIV antibodies to develop after a person becomes infected with the virus. For this reason, if a person was infected recently, the test may not be able to detect any HIV antibodies. Contact your local public health department, AIDS service organization, Red Cross chapter, or doctor's office for more information about testing and HIV counseling.

How do children get infected with HIV?

Most HIV-positive infants and children under the age of 13 were infected by their infected mothers during pregnancy or childbirth, or through breast feeding (*few cases reported*). About 30 percent of babies born to HIV-positive women are infected themselves.

Some children have been infected by receiving infected blood transfusions or blood products. *This is now very rare*.

Teens can become infected with HIV by having sex or by sharing needles or syringes with an infected person.

Children and teens can also become infected if they are sexually abused by someone who is HIV-positive. If you know of a child who is being abused, call the National Child Abuse Hotline (toll free): 1-800-422-4453.

There have been no documented cases of young children becoming infected with HIV from playing with other children who are infected with HIV or who have AIDS.

Are children safe from HIV infection at school?

Yes. Scientific studies from around the world have shown how HIV is and is not spread.

This means your child will *not* become infected with HIV from—

- Playing with other children.
- Touching other children.
- Coughing, sneezing, or spitting.
- A hug.
- A social or dry kiss.
- Sweat or tears.
- Mosquitoes or other insects.
- Eating food prepared or served by someone else.

or from using—

- Toilets, sinks, or showers.
- Forks, knives, spoons, or cups.
- Chairs, desks, pencils, or paper.
- Drinking fountains.
- Playground equipment and swimming pools.

Scientific studies have shown that family members living with a person who is HIV-positive or who has AIDS do not become infected with HIV through ordinary household contact. Children have shared spoons and cups and have not become infected. Family members across the nation help their loved ones eat, bathe, and dress without becoming infected.

Children who are HIV-positive or who have AIDS do not pose a risk to your child's health at school or in day-care settings.

Teachers and other school employees who are infected with HIV or who have AIDS do not pose a risk to your child's health through their work at school. HIV is not spread by the kinds of everyday activities that children participate in with teachers, school employees, or each other.

Will my child get HIV from an infected child's nosebleed or cut?

Probably not. Blood from the infected child would have to get into your child's body through cuts, sores, or other breaks in the skin, or—even less likely—through mucous membranes (mouth, nose, eyes). Scientific studies do not indicate any risk of HIV infection from contact with body fluids or waste—feces, nasal fluid, saliva, sweat, tears, urine, or vomit—unless these contain visible blood.

To be certain, children should be taught to avoid getting someone else's blood on them. Teach young children to find an adult in the event of an injury occurring. Older children should learn first aid procedures. A child who comes in contact with blood should learn to wash the blood off with soap and water right away.

Remember, skin protects our bodies from germs, including HIV. Do not let fear prevent you or your older children from giving first aid. Learn simple first aid skills from the Red Cross to save a life and prevent infection from any disease.

How can I protect my child from HIV and AIDS?

Make sure your child knows the facts about HIV infection. Talk to your child to add to what is being taught about HIV and AIDS at school. This may be awkward for both you and your child because it will mean talking about sex and drugs. Do not wait for your child to ask questions. Begin the discussion yourself. A good time to start could be after watching a television program about AIDS or reading a newspaper or magazine article.

Find out what your child's questions and concerns are. Find out what he or she has heard about HIV and AIDS. Correct wrong information. Explain the facts calmly in words your child can understand.

Teach children not to pick up needles and syringes they may find outside or lying around.

If your child babysits a child with HIV or AIDS, the family of that child will need to give your child special instructions.

You do not have to be an expert. You and your child can find the answers together. You may want to call your local Red Cross or an AIDS hotline, or visit your public library for more information.

Discussing HIV and AIDS with young children

Many young children have heard about HIV and AIDS and know that it is very serious. Children may be very scared. They need to know they will not become infected with HIV from toilet seats, swimming pools, playground equipment, or from everyday activities. They will not become infected with HIV from playing with a child whose mother or father has HIV or AIDS. And they will not get HIV from sitting next to a student who has HIV or AIDS, or from a teacher who has HIV or AIDS.

We cannot allow our fears to block our efforts to teach children about this serious disease.

Talking about sex and drugs with teen and preteens

It is common to feel uncomfortable discussing sex and drugs with teens and preteens. Sharing your feelings of discomfort may help break the ice. Answer all your children's questions honestly and completely. Don't pressure children to talk. Give them time to think about what you have said. Let children know you care about them and their future.

Being accepted by friends is very important to children, especially as they get older. They may even take risks to be liked. Take the time to know your children's friends so you can understand what pressures they face.

Children can learn from their parents or another trusted adult.

Important facts to share with teens and preteens

- Not having sex and not experimenting with drugs is the best protection against HIV infection.
- Intimate activities, such as hugging, touching, and cuddling, do not spread HIV.
- A person should only have sex in a marriage or long-term love relationship with one faithful partner who isn't infected.
- A person can become infected with HIV from having sex just once with an infected partner.
- The more sex partners a person has, the greater that person's chance of becoming infected.
- When used correctly, latex condoms can give protection against HIV infection during sex.
- Birth control pills and diaphragms do not protect either partner from being infected with HIV or other sexually transmitted diseases.
- If one of the partners in a sexual relationship has shared needles or injected drugs, he or she could be infected with HIV. If infected, a person could infect a sex partner.
- A person can be infected with HIV from sharing even one needle with someone who is infected.
- Needles for piercing ears or tattooing that have been used on more than one person may spread HIV.
- Drugs and alcohol can affect the judgment of both teens and adults. People are more likely to take risks and not protect themselves from HIV when they are high on drugs or alcohol.
- You can't tell if someone is infected with HIV by the way he or she looks.

Teaching teenagers about condoms

Prepare your children before they become sexually active. This means making sure that teenagers understand the following messages about condoms:

- Latex condoms are the best protection we have today, but they are not foolproof.

- They don't completely eliminate the risk of HIV infection because they can tear, break, or slip off.
- They have to be used properly—from start to finish—every time for vaginal, anal, or oral sex.

Teach teenagers to follow these guidelines* for safe condom use:

- Use only condoms made of latex rubber. Latex serves as a barrier to the virus. "Lambskin" or "natural membrane" condoms are not safe because of the pores (tiny holes) in the material. Look for the word "latex" on the package.
- Store condoms in a cool dry place. Heat can weaken the material and cause holes or tears in the condom during sex.
- Use a new condom for each act of sex from start to finish.
- Put the condom on before any genital, anal, or oral contact.
- Use a water-based lubricant for vaginal or anal sex to help prevent condom breakage. Oil-based lubricants (cooking oil, shortening, or petroleum-based jelly) can cause condoms to weaken or tear.
- Use a spermicide (contraceptive cream, foam, or jelly) with a latex condom to give greater protection during vaginal sex.
- Make sure that the condom does not slip off the penis during sex.
- Hold the base of the condom tightly against the penis while withdrawing. (Do this while the penis is still erect).

What can I do to help?

Know the facts about HIV infection, including AIDS. Use what you know to protect yourself. Share your knowledge with your family, friends, and co-workers.

Set an example for your children. Do not share needles or engage in risky sexual behaviors.

Teach your children compassion. Your child may know someone who has HIV or AIDS. Show support and understanding for people who are infected with HIV and for those who have AIDS. Remember, you can't get HIV or AIDS from being a friend.

Encourage teachers and administrators to provide AIDS education in your child's school.

Become a volunteer. Call your local Red Cross or AIDS service organization to learn how you can help. Help sponsor a blood drive through your child's school or donate blood. Blood donations from healthy volunteers save lives. This is one way to let others know that it is impossible for a donor to get HIV from giving blood. (Make sure you meet donor requirements before giving blood.)

Sponsor an AIDS fund-raising event. Or donate money to an organization that serves people who are HIV-positive or who have AIDS.

Become a Red Cross HIV/AIDS instructor.

For more information, contact—

- Your local Red Cross chapter.
- The National AIDS Information Hotline (toll free): 1-800-342- AIDS. For Spanish-speaking persons, Línea Nacional de SIDA: 1-800-344-SIDA. For hearing-impaired persons, TTY/TDD Hotline: 1-800-AIDS-TTY.
- Your doctor or other health care provider.
- Your local or state public health department.
- Your local AIDS service organization.

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*Adapted from the U.S. Public Health Service, Centers for Disease Control, Morbidity and Mortality Weekly Report, "Condoms for Prevention of Sexually Transmitted Diseases," March 1988, Vol. 37

LEGAL ASPECTS OF CARING FOR SICK AND INJURED CHILDREN

By the Staff of Child Care Law Center

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Today when Curtis Brooks was dropped off, his mother left some medication with you to "be sure to give" Curtis at lunch. Upon examining the label, you note that it says only "Prescribed for: BROOKS" and that the patient should "take one tablet whenever needed." Inside you find white tablets of two different sizes. You call the parent at the office for clarification, but she is out at meetings all day.

Latisha, the perpetual mountain climber, has had another fall off the climber onto her head. Even after the extra love and ice pack treatment, she still complains of headache and nausea. You decide it would be wise to have this checked out immediately, but the parent cannot be reached at work. Your neighbor, who can sometimes take over the day care home in a pinch, is similarly unavailable. It appears to be time for one of those unscheduled "hospital field trips."

* * * * *

Unfortunately, children have some painful dues to pay with knocks, aches and illnesses before they reach adulthood. Some are unfortunate enough to experience serious illnesses and/or accidents. Child care providers should expect to be called on to respond appropriately when a child is sick or injured, to work closely with the parent(s), and administer or obtain medical care when necessary. This publication discusses a provider's legal duties in administering medication to children, preparing for accidents, and obtaining medical treatment when a child is injured.[1]

WHAT IS MY LEGAL DUTY REGARDING SICK CHILDREN?

This question really involves two different situations: (1) when a sick child is brought to the child care program, and (2) when a child becomes sick during the program day. Both situations require you to assess the child's condition and respond appropriately.

When a sick child is brought to the program: In many states, including California, center providers are required by law to refuse to admit a child who is obviously feverish or vomiting. On the other hand, family day care providers are allowed to exercise discretion over the admission of a child with a minor contagious illness, like the flu.[2] With colds and non-contagious illnesses, providers are usually free to decide whether they will take care of sick children or not. All providers in California are required to refuse admission to a child with a serious contagious disease, such as active tuberculosis.

Center providers in California are required to briefly examine children before accepting them into the program on any given day. A parent dropping off his/her child is required to wait until a staff member has looked at the child and accepted him/her for that day. Particular attention is to be given to children who have recently been absent because of illness and those who have recently been exposed to a contagious disease. However, school age children that arrive on their own (e.g., by bus) are always accepted regardless of their malady, even though afterward they may be separated from the other children and given medical attention.

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[1] To prepare for the possibility of a parent lawsuit when a child is injured while in your care, obtaining adequate liability insurance is essential. See CCLC's "Insuring Your Program: Liability Insurance" and "Insuring Your Program: Property and Vehicle Insurance," 1992 Revised Edition, in this Handbook.

[2] Often states will require programs to report certain contagious diseases to the health department for epidemic prevention. Check with your state licensing authority or health department to see what you are required to report in your state.

Family day care providers in California are not similarly required to examine the children and refuse admission if they are too sick to attend. While the law leaves these decisions entirely up to the provider, it is strongly recommended that, unless absolutely necessary, a sick, very uncomfortable child should be cared for by his/her parent(s) rather than in a group child care setting. This is especially so with young children. If you need help in making a decision about caring for a sick child, most resource and referral agencies are equipped to provide you information about accepted health and safety standards for sick and injured children.[1] You can also call the Healthline number for this information (1-800-333-3212).

Generally speaking, a provider may not refuse to admit a child with a disease that is considered a disability under the new Americans with Disabilities Act (the "ADA"), unless that child's condition, if accepted to the program, would pose a direct threat to the health or safety of the child, the provider, or the other children under the provider's care. Deciding whether the condition of a child in group care poses a direct threat should be based on objective information you obtain from a public health agency or other reputable medical source.

The ADA defines disability as a physical or mental impairment that substantially limits the child in a "major life activity" which includes such things as caring for her or himself, performing manual tasks, or walking, seeing, hearing, speaking, breathing, or learning. Some infectious diseases fall within this definition, particularly chronic diseases (long-term and re-current, as opposed to short-term acute). The ADA requires providers to evaluate children who have infectious diseases that are considered disabilities on an individual basis, taking into consideration the particular needs of a child and the particular risks posed by the condition of that child.[2]

Children who are HIV-positive, among others, are considered disabled under the ADA, and may not be refused admission to a child care program solely because they are infected with the AIDS virus. A provider may only refuse care of a child with HIV if that child's particular condition poses a direct threat to the other children, or if caring for the child's particular condition will result in an undue financial burden to the program. Generally, a child with HIV may only be refused admission if the child has a secondary disease which poses a direct threat, such as active tuberculosis.[3]

When a child becomes sick while in child care: Because the provider is solely entrusted with the children's health and well-being while they are in care, a provider is obligated to obtain appropriate medical attention for a sick child. This can involve anything from providing a separate room where the child can lie down, to administering medication, to the more serious situation where the child must be taken to a physician. Administering medication is a particular area where caution must be exercised, and it is discussed below. In general, a provider with a sick child should give whatever needed care s/he is capable of and notify the parent of the situation immediately.

In California, both family day care and center providers are required to separate a sick child from the other children, and to try

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1. See article, "Get Medical Help Immediately," from the American Red Cross, in this Handbook.

2. For a more thorough discussion of the requirements of the ADA, see CCLC's "Caring for Children with Special Health or Developmental Needs," 1992 Revised Edition, in this Handbook.

3. For a more thorough discussion of admission of HIV-positive children, see CCLC's forthcoming publications on AIDS.

to determine whether the child has a contagious illness. If so, the provider must keep the child in a separate space and obtain any needed medical care for him/her. With a sick child, the provider should always call the parent(s) right away and determine, depending on the severity of the symptoms and the child's level of discomfort, whether and when the parent(s) should pick up the child. When the parent arrives, the provider needs to ask his/her cooperation in determining the contagiousness of the illness and keeping the child out of the program until the risk of infection is over. In most instances, if the illness is found to be contagious, other parents at the program need to be notified so they can watch for symptoms in their children and seek appropriate treatment if necessary. You should contact your local public health department for further information in this regard.

CAN I GIVE THE CHILD MEDICATION?

In virtually every state, family day care providers can, and most do. However, it is important to check your state regulations to determine whether and how medications can be administered. Many states, including California, are silent on the role family day care providers may take in distributing and administering medication. But, while some providers may have refused to administer medication of any kind in the past because of the potential liability involved, refusal is no longer always an option. In fact, providers may be required to administer medications to children who suffer from chronic conditions.

The Americans with Disabilities Act (the "ADA") requires child care providers to admit disabled children into their programs, as long as admitting the child would not pose a direct threat to the health and safety of others, and as long as admitting the child would not result in an undue burden to the provider's budget, staff or resources. While children with acute illnesses, like the measles, are not considered disabled under the ADA, children with chronic conditions, such as diabetes, are, and must be cared for whenever reasonably possible.

Under this new federal law, if administering medication -- even prescription medication -- to a child who suffers from a chronic condition would enable the child to participate in the program, the provider may be obligated to admit the child and to properly administer the medication, as long as administering the medication properly does not require some special skill that the provider does not have and cannot obtain without undue burden. Prior to the enactment of the ADA, for example, a provider was under no obligation to administer medication in pill form to sick children under her or his care. Under the ADA, though, most providers will be obligated to do so now, at least for those children who are considered disabled under the law.

Unlike caring for a child with a chronic health condition, which is mandated by the ADA, the law allows you to decide, based on health and safety considerations, whether you will care for a child with an acute illness, since these children are not considered disabled under the law. If you do give any medication to children, though you must obtain authority to do so from the parents. It is essential that you read and follow the advice below.

WHAT KIND OF AUTHORIZATION DO I NEED TO GIVE MEDICATION TO A CHILD IN MY CARE?

As a family day care provider, you are legally entitled in California to give medicine to children in your care.[1] While not required by law, it is very important to you and the child that you obtain the written permission of the parent to give any prescription or non-prescription medication to a child. Having written permission which is signed and dated by the parent, will help you to avoid future confusion about whether the parent gave permission, for which medication or child the parent gave permission, and whether the proper dosage or frequency of medication was administered, and it will help to shield you from liability if a dispute arises.

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[1] In states other than California, check with licensing officials to determine whether you are allowed to give medications, and if allowed, to determine what requirements must be met to do so legally.

It is safest to require the parent to fill out a Medication Authorization Form *(see sample)* for each period of time (e.g., one week) during which you are asked to give medicine to a child. It is important to have parents fill out forms for both prescription and non-prescription medication. For non-prescription medication, have them indicate that the dosage has been approved by their physician. The form protects you and it ensures that the medicine is administered correctly according to the prescription or instructions. The record can also help at child pick-up time so you can inform the parent when and how much of the medicine was given.

Whether you use a prepared form or not, you should require the parent to specify:

- the current date;
- the name of the medication;
- the dosage;
- the times and dates it is to be given;
- the period of time over which the medication is to be given;
- the prescribing physician's name and phone number; and
- any additional information about possible side effects, the necessity to give the medication with food, or other important handling instructions.

WHAT PRECAUTIONS SHOULD I TAKE IN HANDLING THE MEDICINE?

Whenever administering medicine, the following guidelines should always be observed:

- plainly label the medication container with the child's name;
- give the medication in the dosages and at the times indicated;
- store the medication as directed (e.g., refrigerated) and out of reach of all children;
- communicate to the parent(s) what medication was given to the child, how much was given, and when it was administered.

When the medicine is no longer needed by the child, or if the family withdraws from the program, or when the medication's expiration date for use is reached, the medicine should be either returned to the parent, or thrown away in a location inaccessible to the children after an attempt to reach the parent.

WHAT FORMS AM I REQUIRED TO HAVE IN ORDER TO OBTAIN MEDICAL TREATMENT WHEN A DAY CARE CHILD IS INJURED?

In California and many other states, center providers are required by licensing to have written authorization to obtain medical treatment from the parent(s) of every child in their care *(See sample "Medical Treatment Authorization" forms)*. Family day care providers are also strongly encouraged to keep these forms on file, in order to avoid any future misunderstandings about whether you had the authority to get treatment for a child in an emergency. During an emergency is not the time to find out if you have the authority to seek care for the child. If you do use such a form, you will need to require parents to fill out and sign the form, and you should keep it in an easily accessible place. You must have these forms with you when you go to the hospital to seek emergency medical treatment for an injured child.

It is wise to keep the signed authorization forms with you at all times when the children are in care, so that they are easily accessible if an accident occurs. If the children are taken on a trip, the provider should always take along the authorization forms, including the parents' and physicians' names, addresses, and phone numbers. If possible, obtain insurance information on the children and keep this with their medical authorization forms as well. A good idea is to keep these forms in a small, portable folder, to be included in the provider's bag along with first aid supplies whenever you leave on a field trip.

DOES THE AUTHORIZATION FORM GUARANTEE THAT I CAN GET MEDICAL TREATMENT FOR AN INJURED CHILD?

Unfortunately, it does not. Most hospitals will provide treatment if you have a signed and dated authorization form. All must provide treatment if the child's condition is life-threatening. However, to treat less serious injuries, some hospitals require more than your program's authorization form. Some will treat children only when the parent has already filled out a form at the particular hospital. Others require telephone confirmation from the parent prior to treatment. Still others will require insurance information if the situation is not life-threatening; some may require this information even when the situation is life-threatening. If possible, it is wise to plan to take an injured child to one hospital in particular, and find out before an emergency arises what that hospital requires.

To make sure that children in their care won't be denied medical treatment, providers should require parents to give the same written authorization to their child's physician and the hospital where the child will be treated. When asked, physicians and hospitals will often supply their own authorization form for the parents to complete and keep on file.

WHAT SHOULD I DO WHEN A CHILD IN MY CARE IS INJURED?

Because you can expect to have an injured child on your hands at *some* time, it is always best to plan how you will respond beforehand. Anytime you need to transport an injured child to the hospital, you will need to arrange alternative supervision for the other children in your care. In this situation, family day care providers should have a reliable neighbor who can come and take over temporarily while the provider takes the injured child to the hospital. If the injury is serious, the remaining children may need special attention to help them cope with the situation.

The following suggestions should be included in any post-accident planning:

(1) If you think the injury may be very serious and/or you do not feel able to safely transport the child yourself-- for example, in the case of broken bones, multiple injuries, or serious head and neck injuries -- always call an ambulance (dial 911 in most areas; no coin is needed for most pay phones). If the situation is a life-threatening emergency requiring you to immediately render some form of first aid (e.g., mouth to mouth resuscitation), you should give only what aid you are capable of. According to California's "Good Samaritan" law (Health and Safety Code section 1799.102), a person rendering emergency care at the scene of an emergency cannot be held liable for damages resulting from any act. However, the person rendering aid is only protected as long as (1) professional medical care was unavailable, and (2) s/he acted in good faith without expecting to be paid for his/her efforts. Once immediate aid has been rendered, and as soon as you are able to shift your attention, the child's parents should be called.

Upon arrival at the hospital, the physician on duty can treat the child before the parent arrives, even without the authorization form if the injury is life-threatening. However, the physician will be more likely to treat the child for any injury if you have the signed and dated authorization form.

(2) If the injury is less serious but needs immediate attention and you feel able to safely transport the child yourself, call the parent to arrange to meet at the hospital, then leave immediately. Make sure there is someone available to care for the other children in your absence.

(3) If the injury is not very serious -- for example, if the child is alert, bleeding is controlled, and child's skin color is good -- it would be better to notify the parents and have them assume responsibility for obtaining the appropriate medical care.

AM I REQUIRED TO HAVE ANY FIRST AID TRAINING?

First Aid training will be a requirement for obtaining a family day care license in California as of January 1, 1995. It is, of course, a good precautionary measure for you to take even before then, so that you are equipped to handle emergencies when they inevitably arise. Your training will have to include, among other things, at least 4 hours in pediatric CPR and at least 8 hours in pediatric first aid, and you will have to maintain current certification in both.[1]

WHAT OTHER PRECAUTIONS SHOULD I TAKE REGARDING INJURIES?

It is essential that you keep updated phone numbers where parents can be reached in case of emergency. These phone numbers should be accompanied by information about days or times when the parent will be unreachable during the work day. Tell parents at enrollment time that you require them to inform you when their emergency numbers change, and periodically remind them of this. Also be sure to keep emergency service phone numbers next to the phone, including numbers for poison control, ambulance, police and fire department.

WHAT SHOULD I DO ABOUT MINOR INJURIES TO CHILDREN?

Always inform the parent of an injury, no matter how minor it may seem. For example, if a child bumps her head on a swing during the day and seems fine, it's still best to mention it to the parent at the time the child is picked up. This lets them know that you are aware of what went on during the day, and explains what would otherwise be unexplained injuries. It is also useful to them in diagnosing harmful effects which may not appear immediately after an injury.

HOW CAN I BE SURE THAT THE CHILD'S MEDICAL COSTS WILL BE PAID, AND THAT I WON'T HAVE TO BEAR THE COST MYSELF?

You will be better protected from this possibility if you have the parents agree in writing to bear all costs of treatment for accidental injuries. You can include this agreement in your enrollment contract with them, or in the medical authorization form *(see sample forms)*. It may be wise to require the parents to carry adequate medical insurance for their children. Accident insurance for your program is also recommended as a low-cost way to cover the cost of immediate medical care for an injured child.

HOW CAN I PROTECT MYSELF FROM LIABILITY IF A CHILD IS INJURED?

There is no totally foolproof way to protect yourself from being sued or found liable if a child is injured while in your care. There are three essential things to know about liability:

(1) The best defense is prevention; this can be done by maintaining a safe program and complying with any applicable laws;

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[1] For a more detailed description of the training requirements, see CCLC's article, "The Family Day Care License," 1992 Revised Edition. in this Handbook.

(2) Buy appropriate and adequate insurance to cover liability in the event of a claim or lawsuit; and

(3) Document thoroughly all injuries that occur while children are in your care, and any medications or medical care children receive while in your care. If a parent refuses permission for suggested medical treatment for their child while the child is under your care, document this also.

Prevention means maintaining adequate supervision of the children, complying with health and safety regulations, and carefully child-proofing your program. However, since even the most thorough efforts cannot guarantee freedom from injuries, liability and accident insurance, as well as thorough documentation of the events surrounding the injury or accident, are necessary parts of every responsible child care program.

WHAT PROTECTIVE STEPS SHOULD I TAKE IF MY CHILD CARE PROGRAM INCLUDES FIELD TRIPS?

If your program includes field trips, explain this to parents when they enroll their children. Tell them how often you plan to take trips and the kinds of places you will go. Require each parent to sign a field trip permission form that contains special medical information and authorization for emergency care each time the child goes on a field trip. If some field trips are taken on a regular and frequent basis, such as daily trips to the neighborhood park, then a general field trip permission form may be more practical, which should be signed by the parents when the child is enrolled *(see sample "Field Trip Permission" forms)*. If you agree to notify parents of each trip, be sure you do so. Keep the permission forms with your other child records.

HOW CAN I PROTECT MYSELF FROM LIABILITY WHEN I TAKE THE CHILDREN ON FIELD TRIPS?

Prevention is of course the first and best way to protect yourself. Check out your destination ahead of time, particularly if you have not been there recently. Make sure there is adequate staffing for the trip. Remember, adequate staffing may require more staff on a field trip than in the day-to-day program. Rehearse safety rules with the children before and during your field trip. Count heads frequently so that the children are always accounted for. And if you are planning a trip near water, make sure that you or another adult supervisor has had CPR training and/or that there is a lifeguard on duty.

Since prevention efforts are never enough to prevent all accidents, make sure that your liability insurance will cover child injuries that occur during off-site field trips.

An important exception to field trip insurance coverage is when children are transported in a vehicle, regardless of whether or not it is owned and operated by the program. Only vehicle insurance will protect you if you are sued because a child was hurt while being transported in an auto as part of your program.[1]

ANY ADDITIONAL SUGGESTIONS OR RESOURCES?

Caring for children is a big responsibility, requiring thoughtful preparation and communication with their parents. Although childhood injuries and illnesses will always require your special attention as long as you provide child care, careful planning beforehand can ensure that your families feel secure and receive the best possible care.

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[1] For more information, see CCLC's article, "Insuring Your Program: Vehicle and Property Insurance," 1992 Revised Edition, in this Handbook.

MEDICAL TREATMENT AUTHORIZATION - SHORT FORM ■

I give ______________________________ and her/his employees authorization
(name of child care provider)

to obtain medical treatment for my child, ______________________________

Signature of parent/guardian ______________________________

Home address ______________________________

City and zip code ______________________________

Home Phone ____________________ Work Phone ____________________

Date ______________________________

■ *Note: This form is adequate for most hospitals. However, some hospitals require that such authorization forms be notarized or witnessed. Other hospitals will provide treatment only if the parent has completed the hospital's own particular authorization form and left a copy of it at the hospital. Parents and/or child care providers should check and comply with the requirements of the hospital which would be used in case of an emergency at the child care program. Providers may prefer to use the long form (next page), which complies fully with California Civil Code Section 25.8.*

MEDICAL TREATMENT AUTHORIZATION - LONG FORM ■

I/We the undersigned am/are the parent(s) [or person(s) having legal custody of/or are legal guardians of] ______________________________, a minor, whose date of birth is ______________. I/We now am/are entitled to the full and complete custody of said minor child.

I/We hereby authorize (provider) ______________________________ and her/his employees, in whose care the said (child) ______________________, has been entrusted by me/us, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act and/or to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care under the provisions of the California Dental Practice Act.

I/We hereby also agree to bear the full cost of said medical treatment.

This authorization shall remain effective until ______________________, unless revoked sooner in writing.

Date ______________ Parent/Guardian ______________________
Date ______________ Parent/Guardian ______________________
Date ______________ Witness ______________________
Date ______________ Witness ______________________
Parent/Guardian Work Phone ______________________
Parent/Guardian Home Phone ______________________

PHYSICIAN'S ORDER RE: MEDICATION ■

■ *Note: Providers should require that parents have their children's physician complete this or a similar form if prescription medication is not labeled with the child's name, the name of the drug, the physician's name, and directions. Unless providers are given a completed form, they should never administer prescription drugs to a child who is not named on the drug's pharmacy label.* Since this form includes a lot of useful information not included on a label, it is a good idea to request it be filled out even when you are given a labeled drug. *You should give these forms to parents in advance so they can be completed when the child is examined and the prescription is given.*

Name of child ______________________________

Address ______________________________

Age ______________ Date of birth ______________

Condition for which drug is being given ______________________________

Name of drug ______________ Dosage ______________

Time of day to be given ______________________________

Possible side effects to be observed ______________________________

Other suggestions or remarks ______________________________

Dates during which medication shall be given:

From ______________ To ______________

Physician's name ______________________________

Physician's address ______________________________

Physician's phone ______________________________

Physician's signature ______________ Date ______________

MEDICATION AUTHORIZATION FORM - SIDE ONE ■

■ *Note: This side of the form is to be completed by the parent(s) and signed by the parent(s) and the provider.*

I/We the undersigned am/are the parent(s) with legal custody of ____________________

________________ , a minor, whose date of birth is ____________________________.

I/We hereby authorize (provider) ____ and

any adult in his/her employ to administer medication to (child) ____________________

____ under the following conditions:

Name of medication ____

Method by which it is to be given ____

Frequency ____________ and/or at following times _____________________________

For treatment of (describe illness) ____

Prescribed by (physician) ____

Physician's phone ____

Special handling/storage instructions ____

____

Possible side effects to be aware of ____

____

In care of an unexpected reaction to the medication do the following ______________

____

These instructions are to take effect on (date) __________________________________,

and the medication is to be given to the child until (date or when empty) ____________

I/We agree to inform the provider of any changes in the above instructions in which case a new Medication Authorization Form will be completed.

Date ________________________ Parent/Guardian ________________________________

Date ________________________ Parent/Guardian ________________________________

Date ______________________________ Provider* ________________________________

*Important - before agreeing to give medication, use the medication checklist on the back of this form!

MEDICATION AUTHORIZATION FORM - SIDE TWO ■

■ *Note: This side of the form is to be completed by the provider.*

Checklist for Giving Medication

	Yes	No
1. Does the container show:		
Child's name	______	______
Name of medication	______	______
Name of physician prescribing	______	______
Schedule of administration	______	______
Amount given per dose	______	______
Method of administration	______	______
Pharmacy's name	______	______
Expiration date for contents	______	______
How long the medication should be given	______	______
Special storage instructions (if applicable)	______	______
2. Does the container have a child proof cap?	______	______
3. Is the medication in its original container?	______	______
4. Are the contents uniform?	______	______

If **any** of the answers to the above are **no**, then the provider **cannot** administer the medication.

◆ ◆ ◆

Record of Medication Given

______________________ (dose) of the medication named above was given:

Date	Time	By
______________	______________	______________
______________	______________	______________
______________	______________	______________
______________	______________	______________
______________	______________	______________

GENERAL FIELD TRIP PERMISSION SLIP ■

I give ______________________________ (name of child care program) and its employees permission to take my child, ______________________________ (name of child) for short trips as part of its child care program.

Signature of parent/guardian ______________________________

Address ______________________________

City and zip code ______________________________ Date ______________

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SPECIFIC FIELD TRIP PERMISSION SLIP ■

I permit the ______________________________ (name of child care program) and its employees to take my child, ______________________________ (name of child)

to ______________________________ (destination of trip) on ______________________________ (date of trip).

Transportation will be provided by ______________________________ (explain transportation).

Signature of parent/guardian ______________________________

Address ______________________________

City and zip code ______________________________ Date ______________

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Massachusetts
Office for Children

GUIDE FOR FAMILY DAY CARE PROVIDERS ON CARING FOR CHILDREN WITH DISABILITIES

Caring for a child with disabilities

Children with disabilities are more like other children than they are different. The fact that a child has a disability does not mean your role as a family day care provider has changed. You are a nurturer first, for any child in your care. Your job is to respond to each child's needs for safety, security and stimulation. You are not responsible for the child's speech or physical therapy or writing an individual education plan. You will most likely be working with the child's parent and any other agencies or professionals who work with the child. They may ask you to adapt certain areas to assist the child.

All children, including those with disabilities need to feel loved, to feel good about themselves, to become as independent as possible. A child with disabilities may need more help from you than an able-bodied child to achieve these goals. S/he may need a more structured schedule or environment, more support to try something new, or more physical help with tasks s/he cannot manage. S/he will need your encouragement when s/he feels discouraged.

Children learn much from each other. A special child who is in a normalized setting can learn positive behaviors from watching able-bodied peers. Children can learn that people are basically all alike, despite superficial differences. They learn to be more tolerant and accepting of people who are different from themselves. They can also learn to be more nurturing by helping the less able child, and by learning when and how it is appropriate to help.

A good developmental child care program can meet the needs of most children with disabilities. Occasionally it will not be possible to make the necessary accommodations needed to care for a child with a severe disability or care needs to be time limited or with additional help. If in doubt, you and the parents can set a trial period to be certain that the child care plan is working.

Under the Americans with Disabilities Act, family day care homes must make reasonable modifications for disabled persons and remove communication, structural or architectural barriers when "readily achievable". "Readily achievable" is generally defined as something that can be accomplished easily without much cost or difficulty.

What should I ask the parents?

You may want to know the child's diagnosis, but this probably will not tell you what s/he can or cannot do. What you want to know is how s/he is similar to children the same age, the functional effect of the disability, and what this will mean for your program. These questions will help you obtain the information you need:

- What is your child like?
- How does your child communicate his or her needs?
- How does your child get around?
- Does your child need help with toileting?
- Is your child on a special diet or medication?
- What are your child's special needs?
- Are other agencies or professionals working with your child?
- How does your child relate to other children?
- What do you expect of me in providing care?

How do I talk with the other children?

Answer their questions. Children are very accepting of differences when their questions are answered simply, truthfully and promptly. But if their questions are met with silence or some kind of denial of the disability, in a way we are really telling them that the child with the disability doesn't exist. It's only when differences are confronted and explained that we—children and adults—can go on to discover all our important similarities.

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Give simple explanations. Explanations appropriate to the child's age should begin by confirming what the child actually notices. "Yes, he doesn't act his age; he is disabled" or "Yes, her hand looks very different and works differently as well."

Imagine how children might think about the disability. They usually wonder what the disability might mean in their own lives. Often the first question or fear which occurs to them is "Can it happen to me? Was it because they were bad?" Try to give an explanation of possible causes. You might say: "He was born that way." "He has a serious sickness last year, he isn't sick anymore but the sickness effected him this way" or "He had a serious accident."

Be reassuring but realistic. A reassuring but qualified response like "Anyone could be in an serious accident or get sick, but it most likely will not happen to you" is appropriate. This will diminish fears of "catching" or spontaneously acquiring the disability.

Support children's understanding of differences. Questions will be asked directly of the child who is disabled. "What's wrong with you?" or "Where is your other leg?" When possible, help the disabled child answer for himself with a simple explanation. Sometimes the child can't answer, and you need to respond for the child. We need to support children getting to know one another and accepting difference in the positive manner.

Allow children to "act out" the disability. Many children satisfy curiosity by "trying on the disability". They may want to use the adaptive equipment or to touch a paralyzed limb, or act out what it's like to be visually impaired. They are not making fun of the child and do not intend disrespect. Interest will generally wane as the children have opportunities to explore. Be sure to respond to the questions, fears, and concerns which arise from this kind of play.

Demonstrate empathy. Remember, children learn from your example. The way you treat the child with disabilities will teach more than anything you say.
Don't promote attitudes of pity toward the child with disabilities. Avoid statements like "Poor child, she can't walk" and use statements which explain how a person adapts to a particular disability. "Some activities are more difficult because she can't walk, but she can do many thing just as well. We need to remember to put things away so she can move around by herself. She likes getting around all by herself, just like you do."

Where do I turn for advice?

Parents You can expect the parents to work with you and to support you in your work with their child. The child's parents will be your partners in this undertaking. Talk to them daily, share information and ask questions.

Professionals Ask other professionals working with the child for advice and suggestions if and when you need help. You are part of the team which is helping children reach their full potential.

Professional Organizations Pamphlets, booklets and information sheets are available about specific disabilities from organizations such as American Diabetes Association, Association for Retarded Citizens or March of Dimes Birth Defects Foundations. Contact the Federation for Children with Special Needs, 95 Berkeley St., Suite 104, Boston, MA 02116 at 1-800-331-0688, 413-562-3691, or 617-482-2915 for more information concerning organizations and agencies.

Books Read books about the child's disability, parents may suggest ones they have found helpful and your local librarian will also be of assistance.

Child Care Resource Agency Because caring for a child with a disability is an individualized matter, much of what you will be learning is O.J.T. On the Job Training. Your local child care resource agency can help you with advice and support, help in planning and in locating resources.

Technical Assistance on the Americans with Disabilities Act is available from the Office on the Americans with Disabilities Act, Civil Rights Division, U. S. Department of Justice, P.O. Box 66118, Washington, D.C. 20035-6118, (202) 514-0301. A booklet *Americans with Disabilities Act* is also available by writing to Massachusetts Rehabilitation Commission, Attn: Marketing Department, 27-43 Wormwood Street, Boston, MA 02210.

Credits

This guide was adapted by Karen Sheaffer, Office for Children, from *BANANAS' Child Care Provider's Guide to Identifying and Caring For Children With Special Needs*. The Office for Children wishes to thank BANANAS', a Child Care Resource and Referral Agency in California, for their leadership in integrating children with special needs in day care.

CARING FOR CHILDREN WITH SPECIAL HEALTH OR DEVELOPMENTAL NEEDS

By the Staff of Child Care Law Center

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I. ADMITTING CHILDREN WITH SPECIAL NEEDS INTO YOUR PROGRAM

WHO IS A CHILD WITH SPECIAL HEALTH OR DEVELOPMENTAL NEEDS?

A child with special health or developmental needs is one who, because of physical, emotional or health reasons, requires some special care. Children with these special needs are also commonly referred to as disabled children. A more precise definition of a disabled child under the Americans with Disabilities Act, is one whose physical or mental impairment substantially limits the child from caring for her or himself, from performing manual tasks, or from walking, seeing, hearing, speaking, breathing, or learning.

The kind of disability a child might have can vary greatly -- from simple allergies to moderate retardation, diabetes or cerebral palsy to a child with a terminal illness. A child with a disability can be one who is visually impaired, hearing impaired or non-ambulatory, or who has a learning disability. A disabled child can also be one who has an emotional or mental illness, but children with behavioral problems who are not considered or perceived to be emotionally or mentally disabled are probably not considered disabled under the law.

Because each child is unique, and has unique needs, no single approach can be applied to all children. However, there are some basic principles to keep in mind. Children with disabilities are more like other children than they are different from them. Children should be encouraged to help themselves as much as they can. A balance is necessary: give enough freedom, but don't push too much. Children like to follow routines. The daily routine should include exercise, play, good food and fresh air.

You should know that:

- many children with special needs can be integrated into your present program without changes in your routine or space;
- some support services exist to help you care for children with special needs;
- and, best of all, the experience can be rewarding for everyone (children and adults) involved.

IF THE CHILD'S SPECIAL NEEDS ARE NOT OBVIOUS, IS THE PARENT REQUIRED TO DISCLOSE THEM TO ME?

Sometimes a child's needs are not obvious to the provider on first impression. For example, the child may have a learning disability, asthma, a compromised immune system, or allergies, and, in each of these cases, may require some special care. Sometimes the parents themselves have not yet discovered the special needs of their child. In other cases, the parents may be concerned about refusal of care, or about the reactions of other parents, and this fear, whether realistic or not, may prevent them from fully disclosing the condition of their child.

For your protection and the protection of the child, it is a good idea to request health records of each child you are considering admitting to your program. You may make this an admissions requirement, as long as you require the records of all children, and the information is used to assess the needs of the individual children, and not to screen out children with certain disabilities. These records are likely to inform you of most of the significant health needs of each child.

But a child's health records may be vague or incomplete in some cases, either because some conditions of the child have not yet been discovered, or due to the parents' reluctance to fully disclose them. It is unlikely that serious conditions known to the health care provider will be omitted from the child's health records. But sometimes the information about the child's condition or needs may be masked in medical terms that you find difficult to interpret accurately. This may be true especially when the child's condition is perceived with some amount of public hysteria or misunderstanding, for instance, in cases where the child has tested positive with HIV.

If you are concerned that the parents of a child for whom you are considering caring have not fully disclosed the special condition or needs of their child, it may be a good idea to request additional information or clarification from them. If you do this, you will need to be clear from the beginning about the reason why you are seeking this information, and that the information they provide to you about the child's health will be treated confidentially. For the most part, it is illegal to require additional health tests or information solely for the purposes of screening out or denying care to children with particular types of disabilities.[1] But you may ask for clarification or details concerning the child's special needs for care, if the information is sought to enable you to better evaluate whether you are reasonably able to care for that particular child, and, if so, to enable you to provide the best care possible for that child.

You should explain these rules up-front to the parents and try to create an atmosphere of trust with them. In the end, if the parents understand that their child is not in danger of being prejudicially denied admission into your program, nor is there danger of public disclosure of their child's condition, the parents are far more likely to willingly provide supplementary information to you about the special care their child needs.[2]

MAY I TURN DOWN A CHILD BECAUSE THE CHILD IS DISABLED?

Until recently, most providers were under no legal obligation to enroll children with special needs or disabilities, and, in fact, many were very selective about which special needs they were willing to care for, if any. All of that has changed now, with the passage of the **Americans with Disabilities Act (the "ADA")**. Before the ADA was enacted in 1990, a few scattered state and local laws prohibited discrimination against the disabled, but many of these laws have not been clear about whether child care programs are required to comply with them, and many of these laws have been very limited in scope. For example, child care programs that receive direct financial assistance from the state of California must comply with California Government Code Section 11135, which prohibits discrimination on the basis of physical or mental disability, but this law is limited to state funded programs. Other states may have similar laws. Where local laws do exist, few have any mechanism for enforcement, making these laws, for the most part, relatively ineffective.

There has also been a federal law (Section 504 of the Rehabilitation Act), but it only prohibits federally funded programs from discriminating on the basis of disability. While even programs that only receive child care food program monies are considered federally funded, this law has also proven to be relatively ineffective in protecting the rights of the disabled. Few parents are aware of the protection offered by Section 504, and enforcement of Section 504 in child care has been virtually non-existent. And because Section 504 does not apply to any programs that are not funded by the federal government, it, too, has left a lot of gaps.

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[1] The Americans with Disabilities Act only permits requiring health tests or procedures when the child poses a direct threat to the health and safety of others. While some opportunistic infections and diseases associated with HIV may pose a direct threat, the HIV status, in and of itself, does not. It is, therefore, impermissible to require HIV screening of children for whom you are considering caring.

[2] See CCLC's forthcoming AIDS publication for a more thorough discussion of a provider's obligations and concerns when caring for a child with HIV.

While these laws are still in place, the ADA has all but replaced them as the first comprehensive law that prohibits disability discrimination by privately owned public accommodations, including privately owned child care facilities, nationwide. Private facilities are subject to the requirements of the ADA regardless of funding sources. This law is very clear about its application to child care programs, the only exceptions being programs operated by religious entities. Of course, if a child care facility is federally funded, then it must still comply with the requirements of the Rehabilitation Act, as well as the ADA. And, if a local or state law exists in your area that provides more protection to a disabled child than the ADA, you will also need to comply with those additional requirements.

THE ADA

Title III of the ADA prohibits child care programs from discriminating against anyone who falls within these categories:

- a disabled child,
- a child who has a history of disability,
- a child who is perceived to be disabled, or
- a child whose family members, caretakers or friends are disabled.

You may not automatically deny a child admission to your program if the only reason for denial is that the child, or anyone close to the child, is disabled or perceived to be disabled. While there may be reasons related to the child's condition that prevent you from caring for the child, the mere fact that a child is disabled, or has a certain type of disability, is not reason enough under the law to deny care. Each child's needs and conditions must be **evaluated on an individual basis** before you can deny a disabled child admission into your program. Once admitted, each disabled child is entitled to **equal, non-segregated inclusion** in the program offered, to the extent that it is appropriate to the child's needs.

Although the ADA was enacted in 1990, its implementation is staggered. This means that larger providers will be required to comply before small ones are.

- After July 26, 1992, providers that have more than 10 employees and over $500,000 in gross receipts can be sued for violating the ADA if they discriminate against the disabled. If providers of this size are building new additions to their facilities, or building new facilities, the newly constructed areas do not have to be in compliance with the ADA until January 26, 1993.
- After January 26, 1993, any child care provider, regardless of size, can be sued for not complying with the ADA. This will include family day care providers.

If a provider of any size is sued under the ADA, and loses, the provider will be required to come into compliance with the statute at that time. The losing party can also be ordered to pay the attorney's fees of the winning party. In some cases, if the Attorney General sues for willful, wanton, or reckless violation of the requirements of the ADA, the provider can also be ordered to pay the family of the disabled child monetary compensation for the discrimination, and to pay a public fine of up to $50,000 for the first violation, and up to $100,000 for any additional violations. The obligations established by this law are clearly ones to take seriously.

CAN I REFUSE TO ADMIT A DISABLED CHILD IF I HAVE A WRITTEN POLICY?

No. Many child care programs have written policies against admitting disabled children. These policies are no longer permissible, and will not excuse you from complying with the requirements of the ADA. If your program has such a policy, it should be rescinded and removed from all of your documents. If you leave this policy intact, and you are sued for not admitting a disabled child, a written policy will most likely serve as an admission of illegal discrimination, even if you had a legitimate reason for excluding the child from your program.

HOW DO I DECIDE WHETHER TO ADMIT A DISABLED CHILD?

You may not deny a child care simply because the child is disabled, but you may assess the needs of the particular child and balance them against the size of your budget and staff. The law is not intended to impose an unreasonable burden on small operations. In fact, many children who are considered disabled under the ADA will require very little to accommodate their needs, depending on the severity of their disability. Often, it may only require a simple change in activities or limited human assistance to care for children whose disabilities are not severe.

If you decide through objective criteria that your program is not able to adequately accommodate the child's needs, then you may be legally permitted to deny care to the child. Generally, there are only four reasons that allow a provider to deny care to a disabled child:

- If taking the necessary steps to accommodate the child's special needs imposes an undue financial burden on the provider, and there are no alternative steps that can be taken;
- If accommodating the child's needs requires some architectural changes that are not readily achievable, and there are no reasonable alternatives that are readily achievable;
- If a particular child's condition poses a direct threat to the health or safety of the other children; and
- If integrating the child into the program requires changes in policies or practices that would fundamentally alter the nature of the program.

Denying care to a child under one of these exceptions does not allow a provider to deny care to all children with the same disability. As always, each child's needs must be assessed on an individual basis.

A provider has an obligation to attempt to take the necessary steps to accommodate the special needs of a disabled child before denying care to that child. For example, a provider may not refuse care of a child who is mobility impaired simply because that child is mobility impaired. The provider is required to assess the special needs of that particular child, and attempt to find reasonable means to accommodate those needs. If the child has severe mobility impairment requiring the use of a wheelchair, and has additional functional limitations, such as the loss of bladder and bowel control, and the inability to feed her or himself, that child may need special and concentrated attention from a child care provider. A small family day care provider may be unable to provide the child adequate care without hiring an additional staff person, which would likely impose an undue burden on the provider. In that case, the particular needs of the child may prevent some providers from caring for the child.

On the other hand, if a child with a mobility impairment uses crutches or a leg brace, or simply requires the use of a wheelchair, but does not require any extraordinary care in addition to accommodating her or his mobility impairment, the provider may be obligated under the new law to admit that child. Even if a child's disability suggests that her or his needs may increase over time, the provider may not speculate about the progression of the child's needs when deciding whether or not to admit the child.

WHAT IS AN UNDUE BURDEN?

When faced with the decision of whether to admit a particular disabled child to your program, you will need to assess whether it is possible to care for that child in a way that does not impose an undue burden on your program. A family day care provider who might not be able to reasonably accommodate a child with a severe mobility impairment, may be able to care for a child who uses leg braces if the provider makes a few minor adjustments to the program. Assisting the child in removing and replacing the leg braces when needed, incorporating activities into your program in which the disabled child can fully participate, ensuring that the child's access into and around your home involves as few steps as possible, providing human assistance where needed, and other simple forms of accommodation may be all that the particular child needs to become fully integrated into your program. It is unlikely that any of these measures will impose an undue burden on even a small family day care provider.

An undue burden is measured by the particular financial circumstances of each day care program. An undue burden is defined by the ADA as a "significant difficulty or expense." Fortunately or unfortunately, there is no clear-cut standard by which to measure whether an accommodation would result in an undue burden to you. Instead, you will have to assess each situation as it arises, considering:

1) the nature and cost of the proposed accommodation;

2) the overall financial resources of your program;

3) the number of employees in your program;

4) legitimate safety requirements at your site; and

5) the overall financial resources, size and location of a parent corporation, if applicable.

If a child with a visual impairment needs books in braille or audio-recorded books in order to fully and equally participate in the program, even a small family day care provider will probably be responsible for furnishing these items. On the other hand, if a child with a hearing impairment needs a full-time interpreter, chances are this would result in an undue burden on family day care providers. Of course, before the hearing-impaired child can be denied admission, the provider has an obligation to explore whether alternatives to an interpreter exist which will not result in an undue burden on the provider.

Generally, larger day care programs and centers will have increasingly greater obligations under the law than smaller family day care programs. While at times it may be a difficult call for you to make, remember that your new responsibilities under this law were not intended to impose unreasonable requirements on small programs that could lead to financial ruin. But they also do not permit you to automatically deny any child admission based on stereotypes or assumptions. Determining what constitutes an undue burden on your program will require a delicate balancing act on your part; weighing the needs of the disabled child against the financial and staff burden that meeting those needs will impose on your program. Remember that accommodating any disability will result in some degree of added burden on your program, but the burden has to be a very significant one in order to excuse you from the responsibility of accommodating a disabled child. On the other hand, you are not expected to jeopardize the solvency of your program in order to meet the special needs of a child. For each program, this line will be drawn differently.

If the arrangements necessary to accommodate the child's needs cost you money, you are generally required by the ADA to absorb that additional cost. This means that you would be required to absorb the cost of making your program accessible to a disabled child through appropriate changes in program, materials and services, if the cost of accommodation does not result in an undue burden on you. If the cost is too great for you to absorb, you are encouraged to seek outside funding to defray the cost of the accommodation before you can refuse the child based on undue burden. As a rule, you may not pass the cost along to the parent(s) of the disabled child.

WHAT IS A DIRECT THREAT?

A child care program can deny a disabled child admission if it can be determined that the child's condition would pose a direct threat to the health or safety of the other children or staff. Children who have transient short-term illnesses are not considered disabled, and you are not required to document your decision to exclude them from care temporarily, until they recover. But if you believe that a child's disability poses a direct threat to others, you will have to establish a solid basis for that belief before you make the decision to exclude the child permanently from your program.

The "direct threat" exception is a very narrow one, and not an easy determination to make. The law requires a provider to base any determination of "direct threat" on current medical knowledge, or on "the best available objective evidence." If you believe that a child's condition may pose a direct threat, you will need to consider:

1) the nature of the child's condition that poses a risk to others,

2) the probable duration of the condition that poses a risk,

3) the severity of the risk,

4) the probability of actual harm to others by the particular child's condition, and

5) whether the risk can be eliminated by modifying any policies, practices or procedures, in a way that would not fundamentally alter the nature of the program.

All of these factors must be considered in light of currently accepted medical knowledge, and not on the basis of public perception or stereotypes. While you do not need to have the child examined by a doctor, you will need to obtain current medical information from a public health agency that publishes up-to-date and reliable information about health concerns. Any of the following agencies may have information useful to you in deciding whether a direct threat exists:

U.S. Public Health Service
(check your phone book under the U.S. Department of Health and Human Services to locate the address and phone number of the regional office near you)

Centers for Disease Control
1900 Folsom, Suite 112
Boulder, CO 80302
(301) 443-2610

National Institutes of Health (NIH)
News Branch and Public Information
Bethesda, MD 20892
(301) 496-2535[1]

If you believe that you must deny a disabled child care based on the "direct threat" exception, you should have documentation from a public health agency backing up your position, and you should keep that documentation in your records.

AM I ALLOWED TO ESTABLISH ANY ADMISSION CRITERIA THAT INVOLVE HEALTH CONCERNS?

The law does allow you to establish admission criteria based on some health factors that do not take into account whether a child is disabled, like requirements of immunization, or of excluding a child with active infectious tuberculosis. The health factors you use in your admissions policy must be ones that pose a direct threat to the other children or staff, and they must be implemented uniformly, regardless of a child's disability status. For example, you may inquire about specific short-term illnesses a child might have, but you may not inquire into the child's HIV status as an admissions criteria. The child's HIV status is considered a disability under the ADA, and, while some of the opportunistic diseases commonly associated with the virus may pose a direct threat to others, current medical knowledge indicates that the child's HIV status, itself, will not.

IF I ADMIT CHILDREN WITH SPECIAL NEEDS INTO MY PROGRAM, WHAT CAN THEY PARTICIPATE IN?

Children with special needs are entitled to participate as equals with the other children in **"the most integrated setting appropriate to the needs of the individual."** A child with a disability must be allowed to participate in your program in a manner that is equal to, and not separate from, the program you offer to the children without disabilities, in all matters of program, privileges, advantages, accommodations and facilities. Many children who are considered disabled under the ADA will not require significant changes in the program, depending on the severity of the disability. If it is impossible for a particular child with a disability to participate fully and equally in your program, you will need to examine what the barriers are to that child's participation. If you can integrate that child in your program through some changes in your policies or practices that would not fundamentally alter the nature of your program or facility, you are required under the law to make the appropriate changes to accommodate that child's needs.

To determine what is appropriate, you must look to the unique needs and abilities of each child. What is the child able to do? What are the child's limitations in activities? What can the child comprehend? What assistance does the child need? What can the child use to allow her or him to participate in an activity? Under what circumstances is the child's safety uniquely at risk? These and many other questions will need to be answered in order to assess what is appropriate. Consultation with the child's parents or physician, public health officials, and/or any other special needs resources in your county may help to guide you in determining whether the program you offer is appropriate for a particular child, or whether you need to make some modifications to accommodate that child.

DO I NEED SPECIAL TRAINING?

Because caring for a child with special needs is always an individualized matter, special training is usually not necessary. Much of what you need to know you will learn as O.J.T. -- On-the-Job

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[1] You are strongly urged by the NIH to call, rather than write, if at all possible. They say that you are much more likely to get a prompt answer, or any answer at all, if you contact them by phone.

Training. Of course, some of the disabilities or special needs you encounter may be more challenging than others. As a caregiver, advice and assistance are available to you from many sources, including:

- Parents -- share your observations with them, consult them, keep in close contact with them;
- Resource and Referral Agencies -- they sometimes have specialists or can refer you to appropriate community agencies;
- Community Agencies -- offer services designed to meet the special needs of these children;
- Health Resources -- offer up-to-date medical information, guidance and recommended care for particular disabilities, to help you decide whether you are reasonably able to admit a disabled child, and how to care for and integrate the child safely into your program. One such resource is Healthline, a new toll-free phone service, 1-800-333-3212;
- Books -- read as much as you can about the child's disability, but take directions from the parent (for suggestions, see the list at the end of this article).

DO I NEED A SPECIAL LICENSE?

The requirements may vary from state to state, but in California you will not need a special license to care for disabled children, even if all of the children you care for are disabled. A family day care license will allow you to take care of children, regardless of whether they have special needs or not.

In order to care for non-ambulatory children (children using wheelchairs) in California, you will need to have the space you use for child care approved for non-ambulatory children by the licensing agency. You may not care for non-ambulatory children in space that has not been approved for their use. And because the ADA requires you to care for any disabled children in an integrated manner, caring for non-ambulatory children means that any space you use for child care will need to be approved. You may not use separate spaces for ambulatory and non-ambulatory children.[1]

If you are outside California, check your local licensing agency for licensing requirements in your state.

II. ACCOMODATING A CHILD WITH SPECIAL NEEDS

DO I NEED TO MAKE CHANGES TO MY HOUSE?

If a disabled child applies to a child care program, it is the provider's responsibility to remove existing accessibility barriers to her or his home or facility wherever this is readily achievable. **"Readily achievable"** means **"easily accomplishable and able to be carried out without much difficulty or expense."** If you are a family day care provider and your front door can only be reached by climbing a flight of steps, but your side door is at ground level, making the side door into an accessible entrance to your home is readily achievable, even if this involves clearing the side walkway of toys, lawn furniture, weeds, overgrown brush, and any other obstacles to a wheelchair. If the walkway to the side door is not smooth or level enough for a wheelchair, you may need to take readily achievable measures to remedy that. And if that side door is one step up from the ground, supplying a portable wooden or rubber ramp, or human assistance in climbing that step, is also readily achievable. On the other hand, particularly for small family day care providers, building a permanent ramp to the front door may not always be readily achievable, due to the cost of installation.

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[1] You are strongly urged by the NIH to call, rather than write, if at all possible. They say that you are much more likely to get a prompt answer, or any answer at all, if you contact them by phone.

Not all family day care providers are excused from building permanent ramps in order to reasonably accommodate the disabled, but many family day care providers will be. Generally, under the ADA, a provider will not be required to make physical changes to her or his home or day care facility if doing so would involve a fair amount of difficulty or expense.[1] Whether something is expensive or difficult for your program is measured by the relative size and budget of your operation, with an eye towards reasonableness. If building a ramp is not readily achievable, you still have a legal obligation to examine alternative ways to accommodate the child, and to remove barriers to accessibility wherever doing so is readily achievable. Each time a disabled child applies to your program, you will need to assess what that child needs, whether your home or facility contains barriers to that child accessing care from you, and if any options exist that are readily achievable for you to meet the needs of that child.

IF I DO MAKE ARCHITECTURAL CHANGES, WHERE DO I START?

Removal of barriers in your home, wherever readily achievable, is only required in those parts of the home that are used for child care, either partially or exclusively. If you are a family day care provider and you are contemplating making additions to your house, any new rooms that will be used by you for child care after January 26, 1993 will have to be made accessible, regardless of expense.

If you do make changes to your home or child care facility to make it more accessible, you should do so in the following order:[2]

1) Make at least one of your exterior entrances accessible (ramps, widen doors, etc.);

2) Make your program areas more accessible (remove high-pile, low-density carpeting, widen doors, install accessible door hardware, etc.); and

3) Make your bathrooms more accessible (widen doors, install grab bars, raised toilet seat, etc.).

Some cities have ordinances that reach beyond the ADA. These local laws may require that homes for seven or more be made accessible to the disabled. Whether or not this regulation must be applied to family day care homes has not yet been settled legally. If it is applied to day care homes in your city, you may be required to build a wheelchair ramp, unless your home has at least one ground-level entrance. Many cities will waive this requirement if you so request, or allow you to accommodate disabled children through alternative means.

If you are required to build a ramp or other modifications, or if you choose to do so in order to better serve children with special needs, government funds or tax benefits may be available for this purpose.

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[1] Unlike the standard for "undue burden," which requires you to accommodate a disabled child in non-architectural ways unless doing so causes you a *significant amount of difficulty or expense*, you only need to remove architectural barriers if it can be done *without much difficulty or expense.*

[2] The ADA provides an extensive list of suggested types of barriers to be removed, depending on what is readily achievable for any given provider. The following is a partial list of the examples given: installing ramps; making curb cuts in sidewalks; repositioning furniture, telephones and shelves; installing flashing alarm lights; widening doors or doorways; installing accessible door hardware; installing a raised toilet seat or grab bars in the bathroom; removing high-pile, low-density carpeting.

WHAT TAX BENEFITS ARE AVAILABLE?

There are at least two new tax provisions that were enacted to help defray costs incurred from removing accessibility barriers. Because they are tax provisions, they will not help nonprofit organizations, but other providers should take advantage of them.

The first provision, Internal Revenue Code Section 190, allows taxpayers to deduct the cost of "qualified architectural and transportation barrier removal expenses" from their taxes. The taxpayer may either own or lease the facility or vehicle to qualify, and the deduction is capped at $15,000.

The second provision, Section 44 of the Internal Revenue Code, allows small businesses to take a tax credit for expenses connected with efforts to comply with the ADA. Expenses covered include not only the removal of the architectural and transportation barriers, but also the provision of interpreters, readers, taped texts, modifications of equipment and devices, or other similar expenditures. The allowable credit is 50% of any amount exceeding $250 but less than $10,250.01 paid for a given expenditure covered by this credit. To be eligible as a small business, the program must either have gross receipts in the preceding year that did not exceed one million dollars, or must employ 30 or fewer full-time employees (30 hours a week for 20 or more weeks).

Contact your local Center for Independent Living for more information about government assistance and/or tax benefits for these projects.

DO I NEED TO MAKE CHANGES TO MY CAR?

If you transport the children you care for in your car or other vehicle, the same rule for removing barriers applies to your vehicle as to your house or facility. This can include driving your charges to or from child care, on field trips, or to the park. No matter where, why, or how often you drive them, if transporting the children is part of the service or program you provide, you will be required under the ADA to transport your disabled charges also. As with any other aspect of your program, you are required to integrate your disabled charges into the program as much as possible.

While many disabled children will not need any special accommodations in your vehicle, some might. Certainly a child using a wheelchair will need some assistance. If making changes to your vehicle to accommodate the child is readily achievable, like moving the seats of a van to allow for more space, or retrofitting a shuttlebus with a hydraulic lift, then you are obligated to do this. Again, these sorts of changes will likely not be readily achievable to most family day care providers, but you will nonetheless be obligated to look for and provide reasonable alternatives that are readily available. With a child in a wheelchair, this may be as simple as assisting the child into and out of the car, and storing the wheelchair in the trunk.

DO I NEED TO PROVIDE ANY SPECIAL EQUIPMENT OR TOYS FOR A DISABLED CHILD?

Special equipment, services or toys that are necessary to ensure that a disabled child is not excluded, segregated, or otherwise treated differently from other children in your program are called

"auxiliary aids" under the ADA. As with other types of accommodations, the ADA requires that you provide auxiliary aids for disabled children in your program, unless the particular aid imposes an undue burden on your program, or unless you can demonstrate that the requirement would fundamentally alter the nature of your program or facility. Undue burden, consistent with the rest of the statute, means that the requirement would result in a significant difficulty or expense to the program (see the "Undue Burden" section in this publication for a more detailed discussion).

The types of auxiliary aids you may need to consider supplying for a disabled child so that she or he can participate in your program in an integrated fashion, can vary as much as individual children and their needs vary. For a hearing impaired child, you may need to bring in an interpreter, provide phones that are compatible with hearing aids, or provide a closed caption decoder, depending on the age and needs of the child, the types of activities involved in your program, and the size of your staff and budget. While some child care centers may be required to purchase some of this expensive or high tech equipment, for many family day care providers purchasing high tech equipment would impose an undue burden. And, depending on the types of activities involved, much of the high tech equipment simply may not be necessary in order to integrate the disabled child into your program.

If specialized equipment is needed to integrate the child into the program, but obtaining the equipment imposes an undue burden on the provider, the provider is required to provide an alternative auxiliary aid, if there is one that would not impose an undue burden. For example, if a family day care provider is unable to obtain large print reading materials for a visually impaired child, and reading or spelling is part of the program, providing a magnifying prism for that student may be a reasonable alternative aid.

As with other types of accommodations for disabled children, a provider is not permitted to pass along the cost of the auxiliary aids to the parents of the disabled child. You will, of course, need to take this rule into account when assessing whether accommodating the needs of the child will result in an undue burden to your program, and whether any reasonable alternatives exist in order to accommodate that child. For more detailed guidelines on how to treat the costs for auxiliary aids, services or other accommodations, see the "Undue Burden" section in this article.

WHAT IF I RENT MY HOME?

If you are a family day care provider and you rent your home, it may be unclear as to who is responsible for making the specific changes required by the ADA to accommodate a child under your care. The ADA holds both you and your landlord responsible for complying with the requirements of the law, but it does not specify who is responsible for what types of accommodations. Instead, the ADA recommends that each landlord and each tenant enter into a contract or lease specifying which party will assume which responsibilities.

The general rule for division of responsibility between a landlord and a tenant suggested by the ADA is:

- the landlord should be responsible for making readily achievable changes, both in the structure of the building and in providing auxiliary aids, in the common areas of a multiple dwelling structure such as an apartment building.

- the tenant would then be responsible for any other auxiliary aids, and possibly for structural changes in the residential area.

Before drawing up a new contract or lease with your landlord, though, you should check your local landlord/tenant laws and your existing lease for possible provisions assigning the responsibility for structural improvements or modifications in a residential property to either the landlord or the tenant. Local ordinances or an existing lease may also contain a provision specifying the obligation of the landlord or tenant to comply with local, state or federal disability laws.

Some leases may spell out who is responsible for which structural changes, but many do not. The ADA suggests that the landlord is ultimately responsible for making architectural changes only to the common areas of a multiple unit building, and not to the residential units. This means that, unless there is a local law that requires the landlord to make the changes to your residence necessary to comply with the ADA, the financial burden may be on you.

But, even if the responsibility of making permanent improvements to the property is yours, you will have to obtain your landlord's permission, preferably in writing, before you begin to make permanent changes to the property. Except for certain requirements mandated by the law, such as those contained in the building and fire codes, the law generally gives final authority to the landlord on decisions permanently affecting the structures on her or his property. You should proceed with modifications only after you have discussed them with your landlord, received her or his approval, and drawn up your agreement in writing.

Of course, most landlords will not object to improvements made to their property that will enhance its value. While the landlord may be under no legal obligation to assume the expense of improvements to your residential unit, she or he will surely benefit from permanent improvements you make to your residence. Appealing to the landlord's sense of fairness may help you reach an agreement with the landlord to share or fully assume the financial burden of some or all of the improvements to your residence.

Whatever you work out, be sure to have the new terms drawn up into a written contract or addendum to your lease. If you are negotiating a new lease, the terms spelling out responsibility for compliance with the ADA should be contained within a provision of the lease. Putting your agreement into writing will help you avoid renegotiation of terms you thought were already settled, and will save you from covering bills you thought the landlord would pick up. A written agreement will also serve to clarify to yourself and to others, where yourself your responsibility begins and ends when new situations arise that require structural changes to the building.

III. OTHER CONSIDERATIONS

CAN I LOSE MY LIABILITY INSURANCE IF I CARE FOR A DISABLED CHILD?

Many child care providers interested in integrating children with disabilities into their programs are concerned that their liability insurance rates will increase, or that their insurance will be canceled, if they accept a child with disabilities. Unfortunately, the ADA regulations do not adequately address this concern. In fact, the only reference to this problem is that a "public accommodation shall not refuse to serve an individual with a disability because its insurance company conditions coverage or rates on the absence of individuals with disabilities."

The intent of this section was to address a frequently offered reason for denial of services by public accommodations. Clearly, this has been a legitimate concern for many child care providers in deciding in the past whether to accept children with disabilities into their programs. But, now that child care programs are required to admit children with disabilities, the regulations fall short;

while they prohibit child care providers from refusing to serve an individual based on insurance concerns, the regulations do not take the next step to prohibit insurers from canceling or not renewing liability insurance based on a program providing care for a disabled child, notwithstanding the fact that the program is required under law to care for that child.

If a child care program's liability insurer raises rates or discontinues a policy as a result of that program admitting a child with disabilities, there may be a remedy available under the ADA, but this is still uncertain. Although the regulations guarantee that an insurer will not be prohibited from underwriting or classifying "risks" or administering such "risks" that are based on or not inconsistent with state law, the insurer may not use this rule as a subterfuge to evade the purposes of the ADA.

Unfortunately, it is not the child care provider who has the right to sue the insurance company under the ADA if she or he feels that denial of coverage or increased rates are the result of the insurance company abusing its discretion in assessing risk. The right to sue under the ADA for insurance misconduct rests with the child or adult with disabilities. If a child care program discharges a child with disabilities because the provider received formal notice of discontinuation of insurance, it is conceivable that the child might sue both the program and its former insurer for disability discrimination. If this does happen, the court can order reinstatement of the insurance, as well as readmission of the child into the program.

Some state laws may also apply. In California, the Unruh Act prohibits businesses and public accommodations from discriminating against the disabled. While this California law also gives the right to sue only to the disabled person, almost anyone may sue a business for unfair business practices. Under the California Business and Professional Code, a provider who cares for disabled children may sue an insurance company if the provider believes that the insurance company violated the Unruh Act by canceling the provider's liability insurance.

ARE THERE ANY SPECIAL RECORD-KEEPING CONSIDERATIONS OF WHICH I SHOULD BE AWARE?

Because children with special needs may experience more absences, whether due to increased susceptibility to infection or the need to see specialists of some sort, it is important to spell out payment requirements for absences in advance. As with any child, there should be information kept on the child's health status, any special needs including the information on medication and/or other specialized procedures, the name and number of the child's physician, and the like. All policies and record-keeping requirements should be applied uniformly to all children, regardless of ability or needs.

For many small child care programs, frequent absences without payment, for any reason, may become an undue financial burden to the provider. You may not deny a child admission into your program based on your expectation that this may happen because the child is disabled. But, once admitted, if any child experiences frequent absences without payment, whether the absences are due to the special needs associated with the child's disability, the parent's unreliability, domestic problems in the child's home, or any number of other reasons, you may refuse to continue to care for the child. If the absences are in fact due to the child's disability, the loss of program income will have to result in an undue financial burden to your program before you can refuse care of the child.

ARE THERE OTHER LAWS THAT AFFECT THE RIGHTS OF DISABLED CHILDREN?

The **"Individuals with Disabilities Education Act (IDEA)"** is another significant federal law affecting disabled children. This law affects disabled children from birth through age 21. In California, if you are caring for a child under the age of five, you should advise the parents to contact their school district's Department of Special Education (listed in the phone book), their Regional Center (in the phone book under the Department of Developmental Services), or their Infant/Toddler Local Planning Area (L.P.A.). They should inform the School District or Regional Center of the child's needs so they can begin planning a special program for the child. Most states are likely to have similar programs.

ARE THERE BOOKS AND RESOURCES TO HELP ME LEARN MORE ABOUT SPECIAL NEEDS CHILDREN?

Yes. The following list of books and community resources, while not exhaustive, will offer some assistance. Remember: you can often find resources in your community by calling your local resource and referral agency.

HELPFUL MATERIALS

(1) Project Head Start Series, Mainstreaming Preschoolers: Children with Emotional Disturbance, DHHS Publication #(OHDS) 783115; Children with Orthopedic Handicaps, #(OHDS) 783114; Children with Mental Retardation, #(OHDS) 7831111; Children with Health Impairments, #(OHDS) 7831110. Head Start Preschool Series. Order from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

(2) Finnie, Nancie, Handling the Young Cerebral Palsied Child at Home. E.P. Dutton, New York.

(3) The Exceptional Parent. P.O. Box 3000, Dept. E.P., Denville, New Jersey, 07834. 1(800)247-8080. Magazine about parenting children with special needs.

(4) Featherstone, Helen, A Difference in the Family: Living with a Disabled Child. Penguin Books, New York. 1981.

(5) Pueshel, Siegfried, James Bernier and Leslie Weidman, Your Special Child. A sourcebook for parents of children with developmental disabilities.

(6) Saifer, Steffen, Practical Solutions to Practically Every Problem: The Early Childhood Teacher's Manual. Redleaf Press. St. Paul, MN.

(7) Bricker, D. & J. Cripe, Activity-Based Approach to Intervention. Paul Brookes, Baltimore, MD, 1992.

(8) Capper Foundation, The Early Intervention Team, PROJECT KIDLINK: Bringing Together Disabled and Non-Disabled Preschoolers. Communication Skill Builders, Tucson, AZ, 1990.

(9) Hinds, Diane & Kim Holland, The Infant with Special Needs: An Introductory Curriculum for Service Providers. Citrus College Child Development Center, Glendora, CA, 1990.

(10) Kuschner, Anne, Project Exceptional. Napa County Office of Education, Napa, CA, 1992. Replicable statewide training model for CA to promote appropriate, integrated child care to young children with disabilities.

(11) Rogers, Cosby S. & Janet K. Sawyers, Play In the Lives of Children. NAEYC, Washington D.C., 1988.

(12) BANANAS' Child Care Provider's Guide to Identifying and Caring for Children with Special Needs. (Available from BANANAS, Inc., 6501 Telegraph Avenue, Oakland, CA 94609.)

SUDDEN INFANT DEATH SYNDROME (SIDS)

*Information provided by the California Sudden Infant Death Syndrome Program**

As someone who provides care for infants, **you should know about SIDS (Sudden Infant Death Syndrome)**. In the past, SIDS has been called "crib death." Someday, SIDS may strike an infant in your care.

As the number of working mothers grows, more young infants are being placed in child care settings. Since young babies are at highest risk for SIDS, some babies have died from SIDS while being cared for by child care providers.

How You Can Use This Handout

1. To be informed in case a SIDS death occurs.
2. To better handle the emergency.
3. To help yourself and others cope with SIDS.

Basic Facts

SIDS can't be prevented or predicted. SIDS can occur at any time of the day in a baby who seems to be in good health. It usually happens while he or she is asleep. Death occurs quickly and without warning. Babies who die of SIDS don't suffer.

SIDS usually occurs in infants between the ages of three weeks and seven months. Occasionally, an older or younger baby may die of SIDS.

No one knows what causes SIDS. SIDS is not suffocation, choking, spitting up, vomiting, or child abuse. It is not contagious.

There is no test to identify which infants will die from it. The diagnosis is made after an autopsy, which rules out other causes of death.

SIDS takes the lives of 7,000 to 10,000 babies every year in the United States (about 2 babies per 1,000 live births). In California, out of a half million births, about 700 babies die of SIDS each year. Although rare, it could happen to a child in your care.

Emergency Procedures

If you or another child care provider should come upon an unresponsive child:

1. Check for breathing: Look, listen and feel.

2. Call the paramedics.

3. Begin CPR. *(CPR is cardiopulmonary resuscitation. For information about CPR, call your local chapter of the American Red Cross or the American Heart Association. Everyone should know CPR.)*

4. Contact the chid's parents.

5. Call a back-up person - a responsible adult to assist you.

6. Let other children in your care know that something is wrong. Remove them from the area of the emergency.

After The Emergency

Ask your **county public health nursing department** to give support and counseling to you and your staff. They realize that **you are not at fault**. They can help you contact other sources of support such as those listed below:

- **Your local SIDS parent organization**
- **Other providers who have had a SIDS death**

**Information provided by a brochure from the California Sudden Infant Death Syndrome Program. For further information or copies of this brochure, contact the California Sudden Infant Death Syndrome Program, 2039 Shattuck Avenue, 2nd Floor, Berkeley, CA 94701, 800/369-7437.*

Your Feelings...What To Expect

It is extremely important to remember that **no one is to blame for a SIDS death**. SIDS is not related to anything you did or didn't do.

You may be surprised at the depth of your feelings and grief after a SIDS death. It is natural to have these feelings of loss. Your grief may show up in some of the following ways:

1. Guilt
2. Distrust of your ability to care for children
3. Crying spells or depression
4. Loss of sleep or appetite
5. Overprotectiveness or impatience with children
6. Anger - even with the baby who died
7. Fear that it will happen again.

Because of the confusion surrounding the event and the attention given to the parents, you may feel abandoned and alone. It is important that you seek support from friends, relatives, co-workers, and other providers. Remember, you are a valuable person performing a valuable service. **Don't quit**.

The Investigation...What To Expect

Whenever there is an unexplained death, the law requires an investigation to find out the cause. Several people may ask you for the same information. The investigation may be hard for you and others close to the child.

The investigators need your help. You may be asked to help in the following ways:

1. **Law Enforcement.** You may be asked about the baby's health, behavior, naptime and other observations you may have made. Photographs may be taken. They may ask you not to go into the areas where the baby died.
2. **Licensing.** Licensing may ask questions similar to those asked by law enforcement. In addition, they will ask questions related to licensing regulations. A SIDS death is not cause for revoking a license.
3. **Coroner.** A coroner's investigator may contact you with more questions about the circumstances of the death. An autopsy will be done. If you want the results, call the coroner's office.

The investigation serves three purposes. It helps determine the cause of death. It also helps us learn more about SIDS. And it may help you remember that **no one is to blame for a SIDS death.**

Explanation To Children

You need to tell all the other children in your care about the death of the baby. You can explain that the baby had died of SIDS and no one is to blame, especially them. Reassure them that SIDS is rare and only happens to babies. Use the actual words, such as "died" and "death," to teach the children that death is a natural part of life. If you use phrases like "went away" or "went to sleep," they may become confused or fearful.

Encourage the children to ask questions. Since they may not be able to express themselves with words, let them use play, books or other activities.

Answer all their questions honestly. Let them know how you're feeling. Your role is to explain the **facts** about the death. Let the parents explain the **meaning** of death in terms of their own religious beliefs.

Explanation To Parents

The parents of the child may ask you to go over and over the circumstances of the death. You may think that they are blaming you. In some cases, they may blame you. Until the diagnosis of SIDS is made, both you and the parents will be anxious about what caused the baby's death.

Parents of the other children will want to know the details about the death. Tell them the facts and what you've told their children. It may be helpful to show them information about SIDS. If you want to do this at a parent meeting, your public health nurse or SIDS support group can help you arrange one.

CHILD ABUSE AND NEGLECT - PHYSICAL/BEHAVIORAL INDICATORS

Information provided by the San Francisco Child Abuse Council

Any behavioral indicator alone can be a natural, normal response for a child. It is important to keep in mind that there may be a problem if the behaviors are in the extreme and consistent, of a long duration, and pervasive.

PHYSICAL ABUSE	
PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
Unexplained bruises and welts:	Feels deserving of punishment.
on face, lips, mouth.	Wary of adult contact.
on torso, back, buttocks, thighs.	Apprehensive when other children cry.
in various stages of healing.	Behavioral extremes from withdrawal to aggressiveness and/or hyperactivity.
clustered, forming rectangular patterns, reflecting shape of article used to inflict (electrical cord, belt buckle).	Frightened of parents.
on several different surface areas.	Afraid to go home.
regularly appear after absence, weekend or vacation.	Reports injury by parents.
Unexplained burns:	Vacant or frozen stare, listless, detached.
cigar, cigarette burns, especially on soles, palms, back or buttocks.	Lies very still while surveying surroundings (infant).
immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia).	Responds to questions in monosyllables.
patterns like electric burner, iron, etc.	Inappropriate or precocious maturity.
rope burns on arms, legs, neck or torso.	Manipulative behavior to get attention.
infected burns, indicating delay in seeking treatment.	Maintains only superficial relationships.
Unexplained fractures/dislocations:	Indiscriminately seeks affection.
to skull, nose, facial structure.	Poor self-concept.
in various stages of healing.	Over-compliance.
multiple or spiral fractures.	Consistent irritability.
Unexplained lacerations or abrasions:	Chronic ailments, stomach aches, vomiting, etc.
to mouth, lips, gums, eyes.	
to external genitalia.	
in various stages of healing.	
bald patches on the scalp.	

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PHYSICAL NEGLECT	
PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
Underweight, poor growth pattern; e.g. small in stature, failure to thrive. Consistent hunger, poor hygiene, inappropriate dress. Consistent lack of supervision, especially in dangerous activities or for long periods. Wasting of subcutaneous tissue. Unattended physical problems or medical needs. Abandonment. Abdominal distention. Bald patches on the scalp.	Begging or stealing food. Extended stays at school (early arrival and late departure). Rare attendance at school. Constant fatigue, listlessness or falling asleep in class. Delayed speech. Inappropriate seeking of affection. Does not change expression. Assuming adult responsibilities and concerns. Alcohol or drug abuse. Talks in a whisper or whine. Delinquency (i.e. thefts). States there is no caretaker.

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SEXUAL ABUSE	
PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
Difficulty in walking or sitting. Torn, stained or bloody underclothing. Pain, swelling or itching in genital area. Pain on urination. Bruises, bleeding or lacerations in external genitalia, vaginal or anal areas. Vaginal/penile discharge. Venereal disease, especially in pre-teens. Poor sphincter tone. Pregnancy.	Unwilling to change for gym or participate in physical education class. Withdrawal, fantasy or infantile behavior. Bizarre, sophisticated or unusual sexual behavior or knowledge. Poor peer relationships. Delinquent or runaway. Reports sexual assault by caretaker. Change in performance in school. Poor self-esteem. Depression. Sudden sleeping/eating disturbances. Excessive or unusual rubbing of the genital area. Excessive clinging. Fear of going home or fear of a particular person. Confiding in someone but not telling the whole story ("We have a secret, but I can't tell," "I want to tell you something, but I can't," etc.). Self-destructive behavior.

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EMOTIONAL ABUSE

PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
Speech disorders.	Habit disorders:
Lags in physical development.	Sucking
Failure to thrive.	Biting
Hyperactive/disruptive behavior.	Rocking
Sallow, empty facial appearance.	Conduct/learning disorders:
	Anti-social behavior
	Destructiveness
	Neurotic traits:
	Sleep disorders
	Inhibition of play
	Unusual fearfulness
	Behavioral extremes:
	Child does not change expression
	Compliant, passive
	Aggressive, demanding
	Overly adaptive behavior:
	Inappropriately adult
	Inappropriately infantile
	Developmental lags:
	Mental
	Emotional
	Attempted suicide

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ASK YOUR LAWYER: PART ONE

REPORTING CHILD ABUSE: RIGHTS AND RESPONSIBILITIES OF CHILD CARE PROVIDERS

By the Staff of Child Care Law Center

Reprinted from "Making A Difference: A Handbook For Child Care Providers" by California Child Care Resource & Referral Network, 1986. This article was revised in 1992 by the Child Care Law Center, San Francisco, CA.

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"I would say that most parents love their children and care about what happens to them. In our center, we have many children who have suffered from abuse, yet I wouldn't characterize the parents as abusive people...It's just when things got to a certain point, they didn't have the resources they needed to handle the situation."

- Child care worker, San Luis Obispo

1. What is the purpose of the child abuse reporting law?

Because children often can't protect themselves, the law offers them greater protection than adults in certain situations. The state reserves the right to intervene in a family when there is a danger to a child's health, welfare, and safety. In order to protect children, the law requires certain persons who may have frequent contact with children and their families, and are in a position to identify child abuse and neglect, to report it (see question 9).

In California, all 'child care custodians' are 'mandated reporters' - required by law to report known or suspected instances of child abuse.

2. Who is a *child care custodian*?

Most people who work directly with children are defined as child care custodians, and are therefore mandated reporters of known or suspected child abuse. This includes all licensees, administrators, teachers, teachers' aides, and other employees of child day care facilities. 'Child day care facilities' include both public and private child care centers and preschools, as well as family day care homes.

Other child care custodians include - but are not limited to - teachers, administrative officers, and supervisors of child welfare or attendance of any public or private school; administrators of a public or private day camp; Headstart teachers; licensing workers or evaluators; foster parents; group home personnel; personnel of residential care facilities; and any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

All 'child care custodians' hired since 1985 must sign a statement, provided by their employer, that he or she is aware of being a mandated reporter, and will comply with the provisions of the child abuse reporting law. These signed statements must be kept by the employer. Since 1986, all applicants for a day care license must sign a similar statement at the time they are issued their license.

3. Does the law require me to report child abuse?

As a mandated reporter you must make a report if you have knowledge of or observe a child in your professional capacity, or within the scope of your employment, who you know or you reasonably suspect has been the victim of child abuse or neglect.

This is a *reasonable person standard* commonly used in the law. It really is saying you should use your professional training and experience, and your personal knowledge of the child and family, to make an informed decision.

4. Does the law define child 'abuse' and 'neglect'?

Yes. By California law, if you know of or reasonably suspect any of the following situations, you must make a report:

- **Physical abuse** is the infliction of a physical injury by other than accidental means; or the willful infliction of any cruel or inhuman corporal punishment or injury resulting in a traumatic condition. Physical abuse can also mean the infliction of unjustifiable pain that endangers the child's health or person. An accidental injury is usually not reportable unless you believe the adult in charge failed to provide reasonable or appropriate supervision.

- **Sexual abuse** means sexual assault or sexual exploitation of a child. Sexual assault includes rape, incest, sodomy, lewd and lascivious acts upon a child under 14, penetration of a genital or anal opening by a foreign object, oral copulation, child molestation, fondling of a child's intimate parts, and masturbation in the presence of a child. Sexual exploitation refers to all conduct which allows, assists, promotes, encourages or coerces a child to engage in pornography or prostitution.

- **Neglect** is negligent treatment or maltreatment by a person responsible for a child, which threatens the child's health or welfare. Neglect includes both actions and failures to act.

- **General neglect** means the negligent failure of the person responsible for the child to provide adequate food, clothing, shelter, medical care, or supervision, where no physical injury to the child has occurred. It is generally worthwhile to counsel a parent who you believe is not adequately caring for a child, and to refer them to local resources; it is often unintentional.

- **Severe neglect** means the negligent failure of the person responsible for the child to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. It also includes intentional failure by a child's caregiver to provide adequate food, clothing, shelter or medical care, and causing or permitting danger to the child's health or person.

- **Emotional abuse** - the infliction of mental suffering or emotional harm - may be reported, although reporting is not mandatory unless the emotional suffering resulted from willful and knowing cruelty.

5. How do I distinguish between acceptable discipline and child abuse?

It may be difficult. Although the law permits parents to use corporal punishment, they may not cross the fine line between permitted discipline and abuse. Much physical abuse is the result of physical discipline that got out of control. But standards do vary greatly in different cultures and communities. Your best guide is the legal definition of physical abuse mentioned above - namely, that the punishment is willfully inflicted cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

A very serious injury to children is "Shaken Infant Syndrome." Most of the time this injury occurs when adults shake children strenuously when frustrated or angry. Many people are not aware that young infants have very weak neck muscles and only gradually develop the strength to control their heavy heads. The back and forth vigorous movement of the head may cause brain damage and bleeding in and on the surface of the brain. Shaking can also cause spinal cord or eye damage. Severe damage of this type is most common in very young infants, but it has happened to three and four year olds.

6. What is "appropriate touching" of a child?

Recent public attention to the tragedy of sexual abuse of preschool and school-age children has resulted in the needed enhancement of protections for these children. But the outcry against child sexual abuse has left some adults feeling uncomfortable about touching children in any way, for fear of how their actions will be interpreted, or misinterpreted, by others. This has become a particular dilemma for some who work with children, who, by virtue of their work, face decisions about touching the children in their care many times each day.

Of course, there is no clear line that can be drawn between abusive and non-abusive touching, but much of the distinction can be made using common sense. Some types of touching are clearly abusive to children -- touching that is sexual in nature, such as intercourse or fondling of a child -- and the reporting laws can give you some guidance on the forms of abusive touching that are illegal. Other forms of touching that are not illegal may, nonetheless, lead to a child's discomfort, and can be inappropriate touching for a particular child. The abusive nature of the second type of touching may not be as intuitive from the adult's perspective, and may not be universally abusive to all children. It is important, therefore, to remain aware of each individual child's reaction to touching that is intended to be safe and nurturing. It is only in this manner that adults can decide the difference between appropriate and abusive touching for each individual child.

In general, any touching that is uncomfortable to an individual child can be abusive touching to that child. While one child may be perfectly comfortable climbing onto the lap of a stranger and cuddling with that adult, another child may need to get to know the adult better before this is comfortable. If a child verbalizes or acts out discomfort over a certain type of touching, the boundaries that child sets should be respected.

Of course, it is important to keep a healthy perspective on touching children. The vast majority of child care providers are responsible, caring adults who have no intention or desire to abuse, or to be accused of abusing, their charges. While it is vitally important not to touch children in a way that elicits discomfort, it is also vital to the children's well-being that they continue to be nurtured through touching that is done in a positive and safe manner for each child.

7. What if I am unsure about whether or not to report?

If you have a 'reasonable suspicion of child abuse or neglect,' you must report. But filing a report has serious implications for a family. To determine whether your suspicion is reasonable, consider the following:

- If you observe physical injuries, ask for an explanation from the child and/or from the child's caretaker.
- Review everything you know and have observed about the child and the family.
- Seek advice from your supervisor, an experienced professional, or another person who knows the child. Staff members at your local child abuse council or child care resource and referral agency can help you assess a situation.
- Observe the child and parent carefully to pick up distress signals.
- Consider whether it would be helpful for parents to request help by reporting the abuse themselves. This is an option *only* when you first have a reasonable suspicion while talking to the parent, and the parent calls in the report right away *in your presence*. However, as a mandated reporter and for your own protection, you are still required to make a report yourself.

8. The reporting law sounds clear - but it's not always easy to put it into action. Am I the only one who has doubts and dilemmas?

No, you're not alone. It helps to be aware of some of the common barriers to reporting, and hopefully to move beyond them. You may have some of the following thoughts:

"I'm afraid that the child's situation will get worse."

- fear that the parent will retaliate against the child;
- fear that the child will be taken from the parents;
- fear that the child will be removed from your care and 'disappear';
- doubts about a family's ability to change ('What good will it do?');
- concern about how the parent will respond (see question 9).

"It won't help anyway."

- fear of the unknown, and unfamiliarity with how the child protection system works;
- fear that the child or parents will receive inadequate or inappropriate 'help';
- distress about not receiving information on what happens to a family after a report is made.

"I'll bring problems on myself."

- fear of retaliation by the parent, including physical attacks;
- pressure in tight-knit communities against reporting a neighbor or friend; possible disbelief on the part of officials or ostracism by the community;
- fear that the report can't remain confidential, because it will be apparent from the nature of the report who made it;
- concern about having an investigation take place at your child care program, possibly leading outsiders to believe mistakenly that the abuse took place there.

Recognizing these barriers is a first step. Have any of them affected your past decisions about reporting - or could they affect your future decisions? Remember - you don't have to make the decision alone. You can enlist the help of other professionals in clarifying your thinking and drawing conclusions about a situation. The bottom line is the protection of the child.

9. How and when should I tell the parent about the report?

This is probably the most difficult decision you will have to make. Of course, if a child is in immediate danger, and you believe the parent might disappear with the child, call the police immediately and do not tell the parent. If you suspect sexual abuse, including incest, it *may* be best not to tell the parent.

More often, however, the case will involve a parent you know and care for, and the child will not be in immediate danger. You may feel that you shouldn't intrude into a family's personal life, or 'betray' the trust you have established with them.

Telling parents will frequently bring out a hostile, angry display of feelings. Parents may remove their child from your care. On the other hand, if you fail to inform them, they may feel deceived. If you hope to maintain a working relationship with the family, you should tell them you have made the report.

You might start by explaining that as a mandated reporter of child abuse the law does not give you a choice. Explain that the reporting process does not always go smoothly, but that you care about the family and will do everything you can to see that they receive help.

Parents need to know that their problem is not unique. Under stressful conditions, any parent could abuse a child. It is the goal of the law to maintain family unity; child protective service workers will only recommend removal of the child from the home as a last resort.

Most importantly, let the parent know that you want the child to remain in your care, that you want to continue your relationship with the family, and that you believe this is a problem which can be solved. If you can continue working with them, the likelihood of preventing further abuse is greatly increased.

10. To whom must I report?

You must report to your local 'child protective agency.' The particular agency involved will vary from county to county: it will either be the county welfare department (for instance, Children's Protective Services or Child Welfare Services), or the police or sheriff's department, or the probation department. If you are unsure about where to report, ask your child care resource and referral agency.

As a general rule, call the local child welfare agency (for example, Children's Protective Services). *If a child is in immediate physical danger*, call your local law enforcement agency.

The initial telephone report must be made as soon as possible, and must be followed up within 36 hours by a written report. Department of Justice forms for submitting your written report may be obtained from the local child protective agency.

11. What information should a report contain?

A report should contain the following information:

- the name of the individual filing the report. (The identity of the reporter is confidential, and may only be revealed to other child protective agencies; to the District Attorney's office; to county counsel; to a licensing agency when abuse in out-of-home care is reasonably suspected; to counsel appointed for the child; when the reporter waives confidentiality; or by court order.) Mandated reporters may not make anonymous reports, although other reporters may.
- the name of the child.
- the child's present location.
- the nature and extent of the injury or incident.
- any other relevant information which led the reporter to suspect abuse.

The more detailed your report, the more likely it is that the agency will respond appropriately. If you believe the child is in immediate danger, make this very clear to the police or sheriff, and explain why.

12. Can I be sued by the parents for making a report?

All mandated reporters are *immune* from civil or criminal liability for making a report, even if it is not substantiated by the investigator. This means that even if someone sues you for reporting, the court will dismiss the case when you reveal that you are a mandated reporter. If a person who is not a mandated reporter files a report of child abuse, that person cannot be held liable unless he or she knowingly filed a false report.

As a further protection to mandated reporters, if you are sued for making a report and you incur legal fees in defending that lawsuit, you may present a claim to the State Board of Control for reasonable attorney's fees of up to $50,000.

13. What if I fail to make a report?

If a mandated reporter fails to report known or suspected instances of child abuse, that person may be subject to criminal liability. Failure to report is a misdemeanor, punishable by up to six months in jail or a fine of $1,000 or both. Failure to report might also result in civil liability if a child is harmed after the mandated reporter gains knowledge of the abuse and fails to report.

14. What if my supervisor won't let me report?

The duty to report is an individual duty. You must file a report even if your boss discourages you or tries to prevent you from reporting, if you know or reasonably suspect that abuse has occurred. Your employer cannot discipline you or fire you for doing so. If a supervisor tries to stop you from reporting, or fires or demotes you for reporting, that person may be subject to criminal liability, punishable by up to six months in jail or a fine of $1,000 or both.

15. Can our staff report as a team?

When two or more persons jointly have knowledge of child abuse, only one report must be made. Child care facilities may adopt their own procedures to facilitate the process, avoid confusion, and inform supervisors of reports, as long as the designated person does make a report. If not, your individual duty to report still holds.

16. What if a child shows up at my program with an untreated injury?

If a child is left in your care with an injury needing immediate medical attention, you may want to take the child to a doctor or to an emergency room.

To be prepared for such emergencies, you should have - and bring with you - a signed, up-to-date 'Parental Consent to Medical Treatment' form. The form should include the parent or guardian's signature, the name of authorized persons or places to seek for treatment, where the parent can be reached, an alternative contact person, and the date of signature. It is also useful to include a medical history and information about any drug reactions. Take the child to a doctor even without a consent form, however, if the child needs immediate attention.

If you suspect that this injury is the result of physical abuse, you must report it. You may also want to take photographs to document the child's injury. Photographs may be taken for this purpose without parental consent, as long as they are not used for any other purpose. They may be used as evidence in court.

If you become aware of an unexplained injury to a particular child (which does not rise to the level of suspected abuse), keep a written record of your observations. Over time, such a record might indicate a pattern of abuse which should then be reported.

ASK YOUR LAWYER: PART TWO
THE AFTERMATH OF REPORTING CHILD ABUSE

By Andrea Brauer and Abby Leibman, Public Counsel, Los Angeles, CA
Revised by the Staff of Child Care Law Center

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"The most difficult thing is trying to maintain your relationship with the family that you're serving and also make a report."
- Director, child development center, San Luis Obispo

1. Who responds to a child abuse report?

After a report has been made, a *child welfare agency* and/or law enforcement agency *must* respond to it.

When a report is made to a *child welfare agency*, the intake worker will usually ask for detailed information over the phone in order to determine whether the given facts add up to a reportable case. If the report is accepted, it is referred to a child welfare worker who must then determine the appropriate response. There are three possible responses:

- **Immediate response**: the child protective agency will make contact with the child as soon as possible when serious physical abuse, sexual trauma or severe neglect are reported.
- **Ten day response time** is allowed for reports of general neglect or where past abuse of children is reported.
- **No in-person response** is required when the child protective agency, based upon an assessment, determines that an in-person response is not appropriate.

When reports are telephoned to *law enforcement*, they are usually received by a dispatcher who then relays the information to an available patrol officer. As a result, there is a response to almost all reports within a few hours, except for general neglect cases, which are referred to the local child welfare agency. However, since the dispatcher answering your call will probably do little or no screening of the information, the responding officer will assess all information when he or she arrives.

Some law enforcement departments, especially in large urban areas, have centralized child abuse units, composed of higher ranking officers who specialize in child abuse cases. If you report directly to such a unit, the detective who takes the report will screen the information in much the same manner as a child welfare agency. In most cases, a patrol officer will be sent out under the guidance of unit specialists.

Regardless of which agency first receives your report, there is no way to know for certain which agency will respond and when. Both child welfare agency workers and law enforcement officers have the authority now to pick the child up if he or she thinks that the child needs medical care or protective custody. Social workers are also authorized to remove children from the premises if they have cause to believe the child is subject to serious neglect. And both agencies are required to cross-report immediately to the other when child abuse has been reported to them.

No matter which agency you call, make it *very clear* if you feel that an immediate response is needed.

2. How does the investigator decide what to do?

The first task of the investigator is to determine whether the report is valid. When physical injury is reported, investigators must decide whether it is severe enough to constitute abuse, or is a matter of acceptable discipline; and whether the injury can be attributed to a different cause, such as an accident or illness.

This determination can be complicated if physical injuries are not present or easily observable - or if the investigator has only the child's statement to go on. This is often the case for reports of sexual abuse or past incidents of physical abuse.

An investigator may decide that the initial report is 'unfounded,' meaning that it is inherently improbable, false, involves accidental injury or is not child abuse. If this happens and you still believe that abuse has occurred, continue to observe the child's situation, and report new information as you receive it.

Law enforcement is responsible for pursuing criminal actions or allegations. Therefore, in cases of severe injury or of sexual abuse, police will try to identify the abuser and gather as much evidence as they can easily obtain. The case is then turned over to a detective, who will conduct the full investigation required for obtaining a criminal conviction.

Child welfare agencies are primarily interested in evaluating the safety of the child's situation, to determine whether the child should be placed under the supervision of the juvenile (or *dependency*) court. When the family is relatively stable and the child is not in immediate danger, the child will not be removed from the custody of her or his parents. In these cases, if the social worker believes that the community offers reasonable services, such as counseling programs, that would eliminate the need to remove the child from her or his family, the social worker can, instead, devise a *case plan* for the family to follow. Unless the child is in immediate danger, both the child welfare agency and the law enforcement agency have an obligation under recently enacted law in California to take steps that cause the least amount of interference with the parents' custody of their child, as long as it is not at the expense of the child's safety.

If the child welfare worker, however, determines that the child is in immediate danger, s/he can take the child into custody. Regardless of whether the child is initially removed from her or his home, if the child welfare worker determines that the child's home environment is unsuitable, the case will be turned over to a dependency investigator, who is responsible for starting juvenile court proceedings. (More information on court proceedings follows below.)

The most important decision the investigators must make at their initial visit is whether the child should be taken into *protective custody*.

3. When can a child be taken into protective custody?

Children suffering from serious injury or untreated illness, and infants, are taken for emergency medical care at once, and then may be placed into *protective custody* if severe abuse or neglect is found. As a rule, even when medical treatment is not required, a child will be taken into custody if an investigator has cause to believe that the child is in immediate danger of serious physical or sexual abuse, or of severe neglect, by someone living in the child's home. Under these circumstances, the child's siblings may also be removed, even if they have not been abused. The child's age, and any likelihood that the parents will flee the area, are also taken into consideration. Children must be allowed to remain at home in less serious cases (such as minor injuries or neglect), and if the family agrees to cooperate with a case plan devised by the child protective agency worker.

If a child is removed from child care and taken into custody, child care providers may have to cope with angry and confused parents if their child has been taken into custody without their knowledge. In most cases, police are required by law to immediately notify parents when they take custody of a child, unless they have reason to believe that disclosure would further endanger the child. In that case, the police can only wait 24 hours before getting a court order allowing continued custody of the child. Despite the strict parental notification requirements, the police sometimes fail to notify the parents immediately. If a child is being removed from your care by the police or by a social worker, ask that they call the parents from your home, or that you be given some time frame by which the parents will be notified. If they cannot reach the parents, strongly urge them to be on hand when the parents normally arrive to pick up their child. It may save you from having to be the one to tell the parents when they arrive to pick up their child that their child is in the custody of the juvenile court.

When a child is removed from her or his parent's custody, the police are not only required to notify the parents immediately, but they are also required to provide the parents a copy of the Judicial Council Form that describes child protective services, detention proceedings and the parents' rights. If a parent presses you for information, you should refer them to the Judicial Council Form. Be sure to get a phone number from the police when they are at your home. That way, if the parent has not yet received their Judicial Council Form when they speak to you, you can refer them to that number, rather than attempting to answer their questions about the custody and status of their child.

4. Who is questioned during an investigation? Will I be interviewed?

Before concluding that a child is in fact a victim of abuse, investigators will usually need to question parents, the person who reported, and other observers. In some cases a medical opinion may be required. Although investigators often prefer to observe and question the child in a 'neutral' environment, such as a child care program, they will often go directly to the child's home.

As a child care provider you may have unique insights into the situation; if an investigator comes to interview you, you may provide any relevant information, even if you did not make the report. You may be questioned about any statements the child may have made about abuse, and asked for your observations of the child's behavior.

You may share with investigators any information that led you to suspect child abuse; and you are obligated, by law, to share all information requested by the child protective agency *at the time of your initial report*. Keep in mind that any information you share with investigators will remain confidential, in the same way that anything in the child abuse report is confidential. You are not criminally or civilly liable for any report you are required to make to the child protective or law enforcement agency about known or suspected child abuse.

5. Do the police need a warrant to enter my home?

Police and child welfare agency workers do not need a warrant to enter your program in an emergency - for example, for the specific purpose of taking a child into custody. In non-emergency cases, you are permitted to refuse entry. This does *not* apply to state or county licensing personnel, who are always allowed by law to make regulatory inspections without warrants during business hours.

6. Can I allow police officers or other investigators to talk with the child without notifying the parents?

Yes. The law declares you immune from liability if you provide a child welfare or law enforcement agency access to a victim of known or suspected abuse without notifying the parents in advance.

7. Whom else must the investigators inform about the case?

Responding investigators must make cross-reports to other child protective agencies immediately by telephone, and in writing within 36 hours of the initial report, even when no other steps have yet been taken. For example, law enforcement must cross-report to the child welfare agency, and vice versa. Both agencies must cross-report to the District Attorney's office, which may independently order a criminal investigation.

Both agencies must also report to the Department of Justice Child Abuse Registry. The Child Abuse Registry maintains files on the names of any person suspected of child abuse, and of any suspected child victim.

If the parent does not have legal resident status in the U.S., he or she may be fearful of being reported to the Immigration and Naturalization Service (INS). There is no mandated cross-reporting with INS, however.

Additionally, a child protective agency shall cross-report to the appropriate licensing agency when the abuse occurs while the child is being cared for in a day care facility or involves a licensed child day care staff person.

8. Do I have the right to know what happens after I report?

Yes. A mandated reporter has the right to find out the results of the investigation, and any steps which may have been taken with the child or the family.

If the investigating agency doesn't notify you, you should call them to find out what has happened. Always obtain the name and phone number of the investigator.

9. How does the juvenile court process work?

The juvenile court (or dependency court) process may differ greatly from county to county, and even from judge to judge. Basically, however, it is a four-stage process: a detention hearing, a dependency hearing, a disposition hearing, and a permanency planning hearing.

You as a child care provider may be involved in the court process if the child has been referred to your care as part of the family's case plan. You may be asked periodically for observations concerning the child's progress and recovery. On rare occasions, you may be asked to testify on behalf of or against a particular parent.

When a child is taken into custody, he or she will usually be placed in a foster home or temporary shelter care facility, or with available relatives. A social worker or probation officer is assigned to the case, and must file a petition within 48 hours asking for a hearing to declare the child a 'dependent of the court.' If no petition is filed, the child is released. If a petition is filed, the court holds a *detention hearing* the next day, to determine whether the child should remain in custody until the dependency hearing can take place, or if reasonable services are available to prevent the child's removal from her or his home. If the court determines that the child must be removed, preference for placement lies first with suitable relatives.

The *dependency hearing* is required, unless the child is returned to her or his home, to be held within fifteen days of the detention hearing. It can frequently be delayed for up to six months. Legal counsel may be appointed for the child, as well as a 'guardian ad litem' (someone appointed by the court to represent the child at hearings, and minimize the trauma of courtroom conditions). The court will make a ruling of whether the child was a victim of abuse and whether he or she should come under court supervision. In many cases, now, these proceedings can result in the child remaining in parental custody under the supervision of the court.

A recent change in the law offers an alternative to removing a child who has been abused from her or his home. If the court has found the child to be a victim of abuse and the child becomes a dependent of the court, a court now has the authority to issue a protective order, which allows the child to remain in the home, while affording the child needed protections. In these cases, a probation officer is assigned to the case, to oversee both the safety of the child and the progress of the parents, over the course of six months to one year. The protective order can prohibit the parent(s) from molesting, attacking, striking, sexually assaulting, or battering the child; can exclude the abusive parent from the household; or can even prohibit the parent from contacting or threatening the child. This procedure enables the child to experience a greater sense of stability by not being removed from the home, while helping to safeguard the child from further abuse. If a child under your care is in this situation, and you believe that child continues to be abused, you should continue to report incidents as they arise.

A *disposition hearing* will follow within six months after the dependency hearing, if the child was removed from the home. The court will decide at the disposition hearing whether or not the child can return home, and if so, under what conditions (a *reunification plan*). The court may also decide at that hearing that the child should be permanently removed from her or his parents' home. If a reunification plan is established, the court will review its decision every six months, up to a maximum of three times. The court will review the family's progress and compliance with court-ordered programs (therapy, etc.), to determine whether court supervision or (if applicable) foster care can be terminated.

Within 18 months of when the child was first taken into custody, the court must either reunite the family and close the case, or conduct a *permanency planning hearing*. This is held to plan a child's permanent placement when it is unlikely that the child can be returned home. The court will order a hearing to terminate parental rights and arrange for (in this order of priority): adoption, legal guardianship (which may include relatives), or long-term foster care.

10. What if it seems that nothing, or something inappropriate, has happened?

You may feel frustrated about the outcome of an investigation. If you believe the child is still in danger, tell the investigator and explain why. A follow-up to your initial report is not required, but it's a good idea. A call may help ensure that a family receives the support services they need.

Keep a record of all your contacts and conversations with any workers involved in the case. If you are dissatisfied with a worker, call his or her supervisor. Keep going 'up the ladder' if necessary. If the supervisor can't be persuaded to take further action, a call to the special child abuse unit within the agency may produce results. In many agencies, especially law enforcement, these units have the authority to override an investigator's or supervisor's decision. As a last resort, a new report to a different agency can be made; for instance, contact a child welfare agency if law enforcement fails to act, or vice versa.

Mistakes will sometimes happen - but this doesn't make it wrong to report child abuse. Using the system, and insisting on making it work, is the only way the system will change.

FURTHER RESOURCES

The material provided in this handbook is for general information purposes only. If you have individual legal questions or concerns, you should consult an attorney about the specific legal aspects of the case. Call your child care resource and referral agency for help in finding legal assistance in your area.

Caring:

Information for family day-care providers

COPING CREATIVELY

A Demanding Job

You *know* your job as family day-care provider is tough and demanding. You want to give, and have agreed to give, high quality care and guidance to your children, perhaps 8 to 10 hours a day, 5 to 6 days a week. The way you work with your children strongly influences their future development; the way you work with their parents influences the parent-child relationship. That's a lot of responsibility.

Studies show that good care givers—those most likely to help children become self-confident, well-adjusted, and achieving adults—help in special ways:

- They are warm and loving toward their children.
- They use reasoning or appeal to feelings in their guidance and discipline.
- They use advanced and varied language and teaching methods.
- They actively encourage children's independence.
- They stimulate their children's learning through reading, talking, and playing.

To be a quality care giver takes attention, patience, and endurance; and *it can be stressful!*

Cooperative Extension **University of California**
Division of Agriculture and Natural Resources

LEAFLET 21313

Handling Stress

Stress is a part of life. In itself it is not harmful. It can promote enjoyment, creativity, and discovery. But too much stress, or stress that is continuous, can make people ill, irritable, and ineffective. Sometimes you can reduce stress by preventing or avoiding the situations that cause it. When you cannot prevent stress, however, you need to handle it so it does not cause problems for you. Remember, if you wear yourself out, you cannot do the job you want to do for your children and their parents—and you will be hurting yourself and your own family.

Here are some effective ways experienced family day-care providers avoid or reduce stress:

- Stay healthy. When you are in good health you are less likely to be harmed by stress. Get plenty of sleep and regular exercise, and eat well. A good breakfast is particularly important.
- Set sensible goals for yourself. Do not take on more than is realistic. Learn to say no to requests you cannot handle. Be reasonable about the number of jobs you accept, the number of children you care for, and the hours you work.
- Set—and enforce—policies for your day-care program that are fair for you as well as for the families you serve.
- Build in "de-stressing" times during your work day. Remember, too, that children need to de-stress and to learn how to relax. You can reduce stress together with 10-minute stretching, exercising, or deep breathing breaks. Schedule quiet times daily for listening to music, storytelling, or just relaxing.
- Find a relief helper. Ask, or hire, someone (a family member, a responsible teenager, a neighbor, a grandmother) to give you a daily breather—someone to come in perhaps 30 minutes to an hour a day to read a story to the children or teach a song or game and give *you* a chance to relax and rebound.
- Talk about your stress. Talking to others—family members, other day-care providers—can make you feel better and may help you find ways of coping with your stress. When the children drive you crazy with noise, get them into a circle and talk about it. Maybe they can help.
- Take after-work mini-breaks. Daily after-work relaxation breaks, even as short as 10 to 20 minutes, can help you shed the day's tension and prepare to enjoy the evening. Use your breaks to exercise, take a hot bath, meditate, practice deep breathing, take an imaginary trip, or just sit and relax. For information about these and other ways of handling stress, request "Coping With Stress" (Leaflet #21168) from your County U.C. Cooperative Extension Office; the office address is stamped on the back page of this leaflet.
- Get away. Periodically plan to get away for a day, a week, or a month to take a vacation from work and do something you enjoy.
- Organize your time. No one can make time, but here are ways some family day-care providers have found to use their time more effectively:

  Have a written agreement with "your" parents that clearly states your policies, procedures, and responsibilities. Such an agreement cuts down on time (and stress) spent rediscussing arrangements and policies.

  Keep financial records up to date. This saves time trying to unscramble things later.

  Establish specific times to bill parents, clean, shop, and so on. Routines save time.

  Plan ahead. Make lists of jobs that must be done that day or that week. Do the most important jobs first. Maybe some jobs on your list do not *have* to be done, so don't do them if time gets short.
- Flow with it. No matter what you do there will be problems and hassles. Expect them, accept them, and try not to waste much valuable time and energy on them by being angry, frustrated, or upset.

Working With Parents

Do you feel, as many family day-care providers do, that caring for childen is easy compared with working with their parents? Sharing childcare responsibility is *not* easy—for you or for parents. Here are some ways to make your work with parents easier for them and for yourself:

- Tell parents what their child did during the day, so they won't feel left out.
- Find good things to tell parents about their children.
- Include parents when possible in special family day-care activities—a lunch, party, or short outing.
- Arrange your activities so you are available to talk to parents at least briefly when they leave their children or come to pick them up.
- Ask parents for advice on caring for their children.
- Look to parents as resources. They can often suggest ideas for field trips or activities.
- Discuss with parents concerns you have about their children. If there isn't time or privacy during the day, arrange to phone in the evening when children are in bed.
- Share with parents information or sources of information on child rearing.

Your children share too. They share their time, their love, and their learning with you and their parents. You can make that sharing easier for them by:

- Letting children know you accept and respect their parents. Never criticize parents to children or others.
- Encourage children to talk about happy family experiences during day-care and about day-care experiences with their families.
- Help children make gifts or pictures for their parents.
- Let children draw or paint pictures of their home or family to put on your wall, refrigerator, or bulletin board.
- Encourage special contact between children and their parents. If mother or father can receive personal phone calls at work, you and the child might call that parent once a month or on special occasions. You can help older children write notes to their parents, or help younger ones to send picture stories.
- Lend a few toys or books. If a child likes a certain toy or book, let him take it home over the weekend to share with parents.

Your efforts to work cooperatively with parents will probably result in fewer hassles.

Smoothing Out Those Rough Edges

If you have a complaint or problem, bring it to the attention of the parent at a time when neither of you is tired and when you both have a moment free to talk. If that time never seems to be available, set up an appointment. Talk in a polite helpful manner. It will be easier for parents to accept a complaint about their child if they know you see their child's good points too, and you let them know you think they are doing a good job.

When a parent comes to you with a complaint or disagreement, listen carefully not just to the words but for the feelings. Try not to react defensively or in hurt or anger, and never resort to name calling or blaming. That only makes it more difficult to reach an agreement. Hear parents out. Remember, as your customers they have a right to complain. Their comments may even help you improve the quality of your services. Once the parent has finished talking, state your side of the story and try to reach an agreement. The problem may have been caused by a simple misunderstanding.

If, despite your best efforts, things do not work out, do not blame yourself. The problem may be the result of a personality clash, differences in beliefs about child rearing, or unrealistic demands made by the parent on you or the child. In those kinds of situations, it is probably best to help the parent find child-care somewhere else. Coping creatively sometimes means deciding what to *stop* doing.

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AUTHOR:

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Members of the Berkeley-Albany Licensed Day Care Association.

PHOTOGRAPHER:
Alfred L. Smith, Agriculture
and Natural Resources Publications.

SOURCES:

Child Care in the Family: A Review of Research and Some Propositions for Policy, Alision Clarke-Stewart. Academic Press, New York, 1977.

Family Day Care Exchange, Dorothy Pinsky. Iowa State University, Ames, Iowa, 1980.

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BACK CARE for CAREGIVERS

PEOPLE WHO CARE FOR CHILDREN are at high risk for back strain and injury. The average caregiver bends up to 72 times an hour, according to a recent study conducted by Child Inc. and Human Services Risk Management of Austin.

Actually, eight out of 10 Americans will suffer from back pain at some point in their lives. You may be especially prone to back injury if you are:

- ▲ overweight or not physically fit;
- ▲ under stress or in a hurry;
- ▲ suffering from another injury, such as a broken arm or sprained ankle, that causes you to use your body in ways you are not accustomed to using it; or
- ▲ getting older, because the backbone loses elasticity as you age.

What you need to know about your back

The backbone consists of some 30 bones, or vertebrae, separated by disks, which are cushions of fibrous tissue that act as shock absorbers. Ligaments bind the vertebrae together but do not keep the spine upright. Muscles in the back and abdomen hold the spine erect and keep it in balance.

Running vertically through the vertebrae is the spinal cord, a thick cord of nerve tissue with nerves branching out to different parts of the body.

The vertebrae are not stacked straight, like toy blocks, but rather follow four natural curves as shown in the diagram on Page 14. If the vertebrae are pulled out of alignment—either too flat or too curved—they may squeeze nerves and cause pain.

When you flatten the curves in your upper and lower back—by bending over a crib, for example—you produce tension and strain. Increasing the backward curve in the neck—by slouching your shoulders, for example—also creates strain. Similarly, increasing the forward curve in your lower back, by letting your abdominal muscles give in to the force of gravity, often indicated by a potbelly or swayback, can cause tightness and pain in the lower back.

Certain movements and activities, such as lifting and twisting, also can put excessive strain on the back. Even simple tasks, such as reaching down to pick up a rattle, can be harmful when done incorrectly.

PHOTO BY DON FRANKLIN

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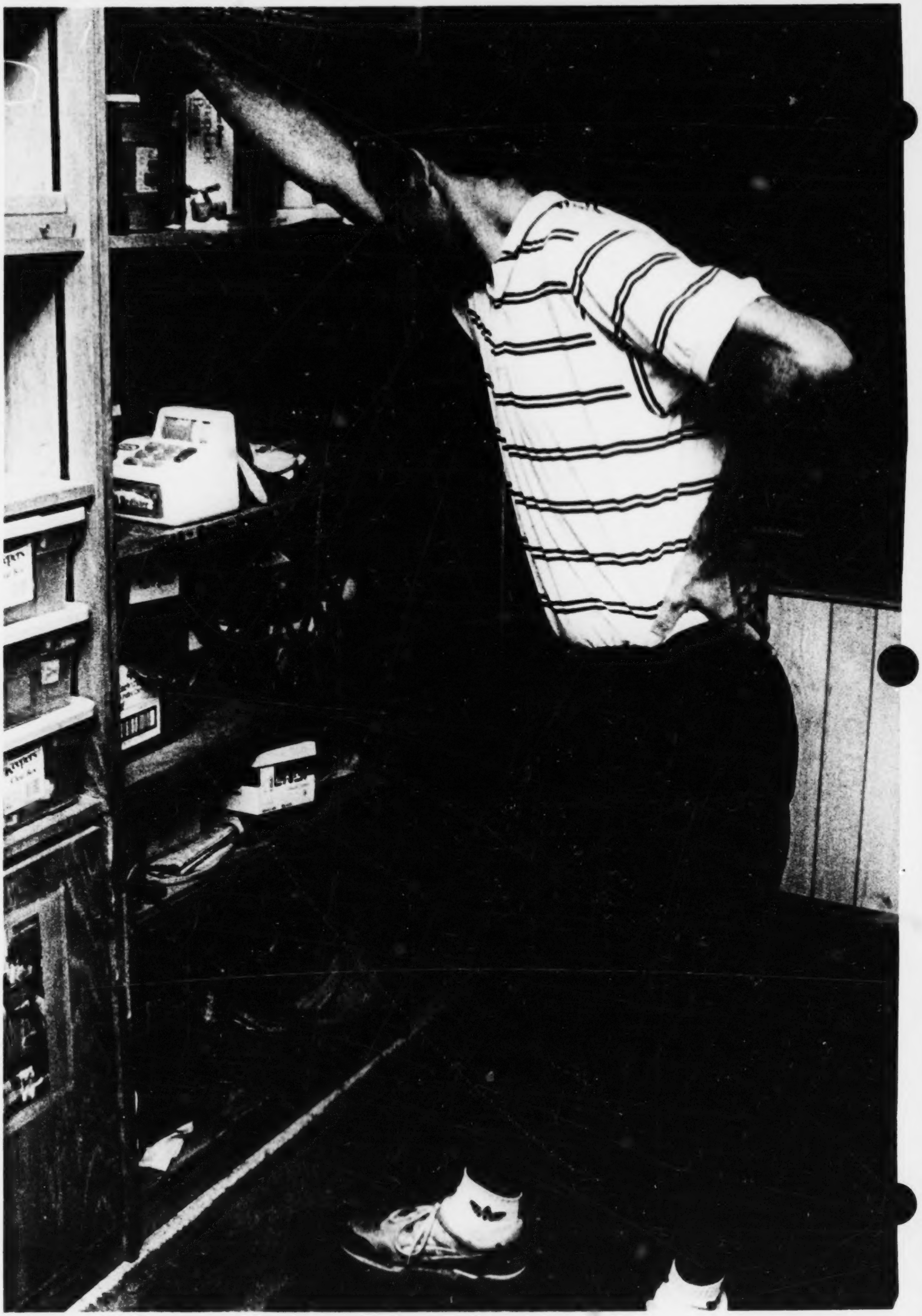
P.O. Box 149030, Austin, TX 78714-9030.



Tips for lifting and carrying children

- ▲ Adjust the height of cribs and changing tables so you don't have to bend or strain to pick up children.
- ▲ If a crib is too low, place one foot ahead of the other and bend your knees before you reach down. Or place a chair next to the crib, sit down, pick up the baby, and then stand up.

- ▲ If you have to hold a baby for a long period, shift the child from one shoulder to the other to avoid too much strain on one side.
- ▲ To pick up a child from the floor, squat or kneel down on one knee, hold the child close to you, and straighten your knees to stand up.
- ▲ Avoid carrying a child on one hip. Instead, hold the child in front of you with the child's legs straddled around both your hips.

A final note

Back strain or injury is a common ailment that can result in a great deal of pain, not to mention medical expenses, lost work time, and inconvenience.

If you have chronic back pain, see a doctor for an accurate diagnosis of what is causing it. You may be able to relieve lower back pain by doing prescribed exercises for back and abdominal muscles. Don't begin an exercise program without medical supervision.

You can avoid back pain by using proper body mechanics in everyday movement, but especially in bending and lifting. Good posture is essential. How you sit, stand, and walk affect how you feel—not just physically but emotionally, too.

How to check your posture

Have a friend photograph you standing in profile—that is, a side view. On the photograph, use a felt pen to make a dot in five places:

- ▲ your ear,
- ▲ your shoulder,
- ▲ your hip,
- ▲ the front of your knee, and
- ▲ the front of your ankle.

Connect the dots with a straight line. If one of the dots does not line up, that body part is out of alignment.

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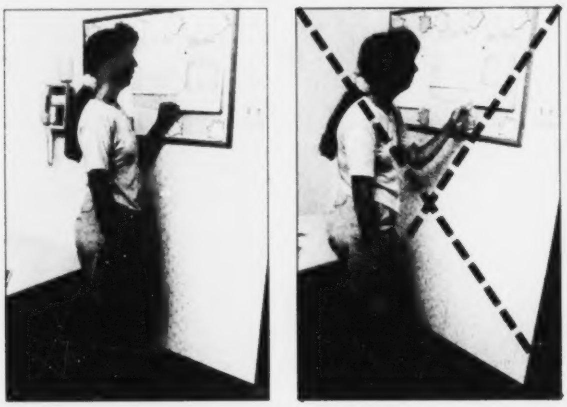
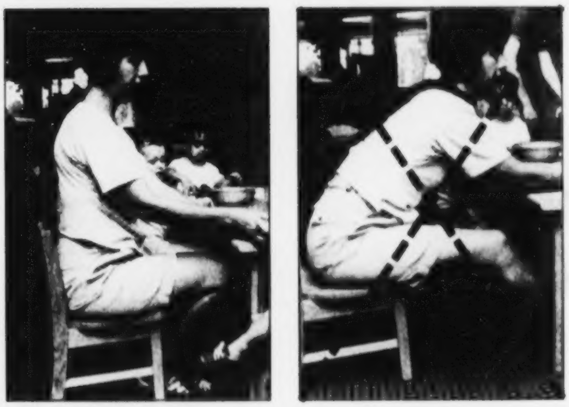
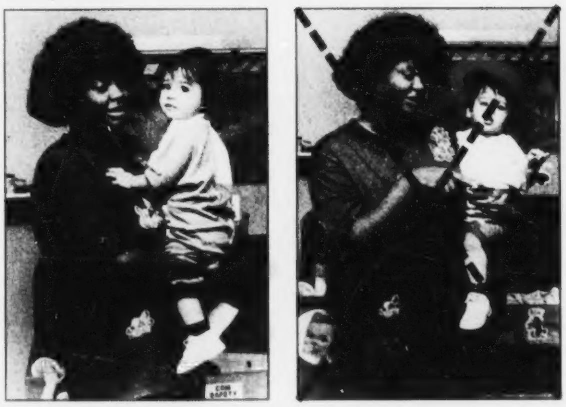
BACK CARE
How-to's & Not-to's



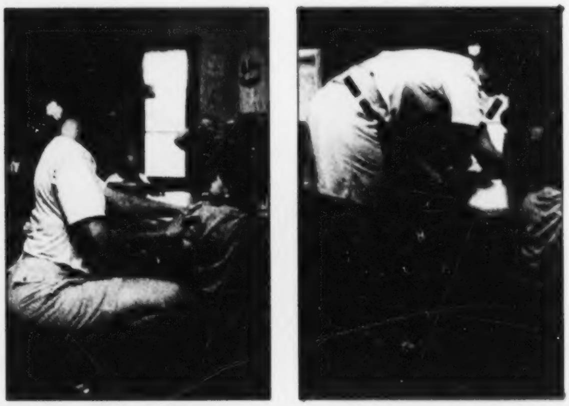
1 Standing



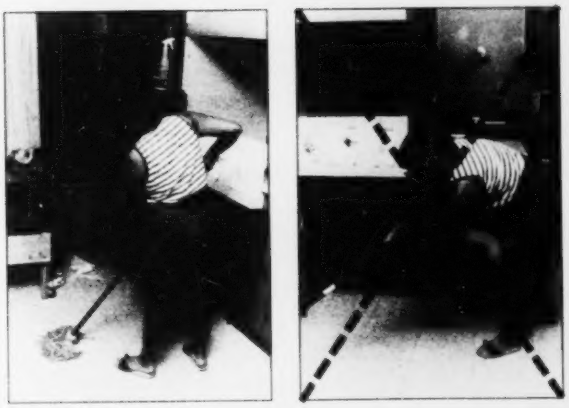
2 Sitting



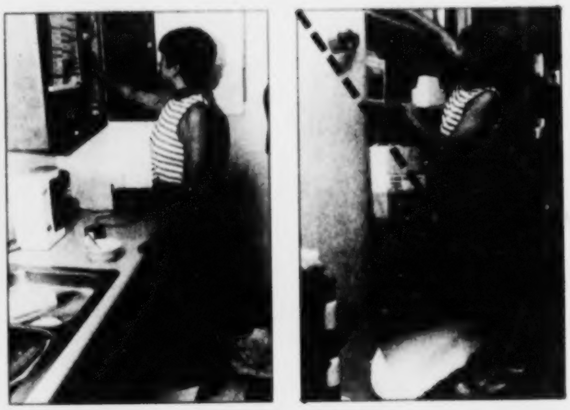
3 Holding a child



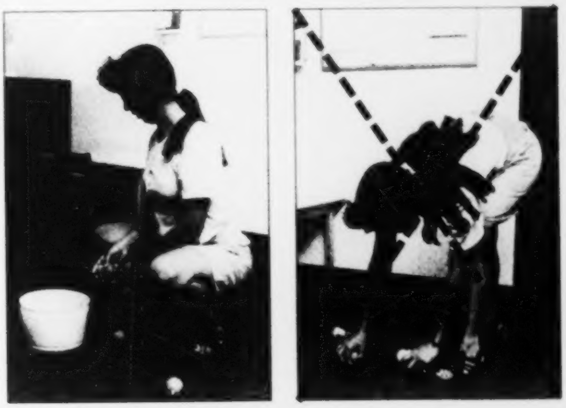
4 Staying at eye level



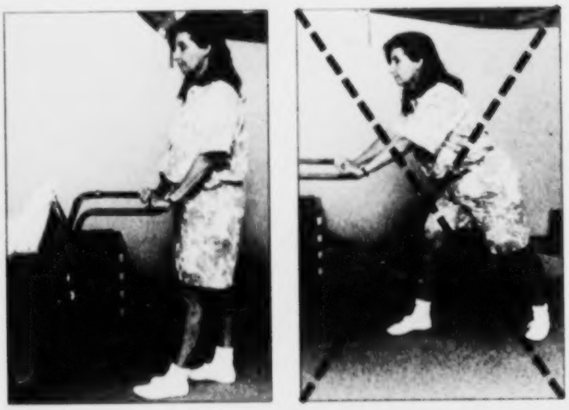
5 Mopping the floor



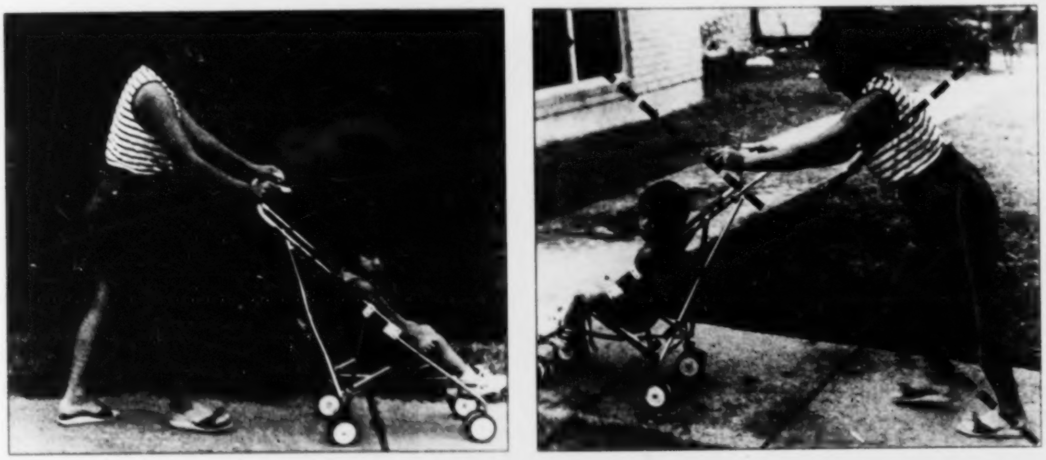
6 Reaching for an object on a high shelf



7 Picking up toys from the floor



8 Pushing a cart



9 Pushing a stroller

PHOTOS BY RON FLORENCE and TERESINA B. GUERRA

Food and Nutrition

AS *A FAMILY DAY CARE* provider, you can play an important part in helping children form positive attitudes about food and to develop good eating habits which can last them a lifetime. Whether meals and snacks are made on site or brought from home, you have the opportunity to make a positive contribution to the nutritional well-being of children by

- helping children feel good about food and eating;
- helping children learn to enjoy and value healthful foods;
- protecting children from hazards such as choking, food poisoning and kitchen accidents;
- establishing feeding policies that respect the beliefs and desires of the parents; and
- keeping parents informed and interested in the nutritional well-being of their children.

In this section of the Handbook, we have a variety of articles which address these issues. They were coordinated by Christine Berman, a nutritionist and co-author of *Meals Without Squeals* and *Teaching Children About Food*.

Before you begin to accept children in your home to care, you should plan your policies about meals and learn about the basic nutritional needs of children in the age groups you will be serving. Decide which meals, if any, you are going to provide. Decide what your policies will be about food that parents are to provide, what to do about children with allergies, about birthday parties, and foods brought from home. When a child is enrolled, find out about the child's special dietary needs, feeding problems, cultural food patterns and family holiday customs. In this way, you can work in partnership with the parents in meeting the child's nutritional needs.

It is also important that you check that your feeding equipment (i.e. cups, bottles, utensils, chairs, tables) is safe and "user-friendly." Ask other providers about money-saving sources for food in your area and about their advice in bulk purchasing. You may be able to pick up some innovative tips such as going to restaurant supply houses. Finally, plan how you are going to teach children about nutrition. Gather teaching materials and ideas. Providing a positive eating environment and offering children opportunities to learn about food are as important as the foods you serve.

You should contact your local child care resource and referral agency for information about joining a Child and Adult Care Food Program in your area. This federally funded program reimburses providers for meals and snacks which meets certain nutritional requirements. There are also many good resources and training opportunities affiliated with this program to help you learn more about nutrition. ■

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"Meals and Snacks" *
by Cooperative Extension, University of California, Berkeley, CA

* This inserted material does not have printed page numbers.

Further Reading

BANANAS' handouts:
- *Cooking for Fun and Learning*
- *Snack Suggestions*

by BANANAS Inc., 6501 Telegraph Ave., Oakland, CA 94609.

Child of Mine: Feeding With Love and Good Sense, by Ellyn Satter. Bull Publishing Co., P.O. Box 208, Palo Alto, CA 94302-0208.

Cook and Learn: Pictorial Single Portion Recipes, by Beverly Veitch and Thelma Harms. Addison-Wesley Publishing Co., 200 Middlefield Rd., Menlo Park, CA 94025.

Creative Food Experiences for Children, by Mary T. Goodwin and G. Pollen. Center for Science in the Public Interest, 1875 Connecticut Ave., N.W., Washington, DC 20009.

Easy Menu Ethnic Cookbooks *Cooking the (African, Caribbean, Chinese, English, French, German, Hungarian, Indian, Israeli, Italian, Japanese, Korean, Lebanese, Mexican, Norwegian, Polish, Russian, Spanish, Thai, Vietnamese) Way*, by Lerner Publications Co. 241 1st Ave., North, Minneapolis, MN 55401.

Eat, Think, and Be Healthy!, by Paula K. Zeller and M. Jacobsen. Center for Science in the Public Interest.

Economy in the Kitchen, by Texas Dept. of Human Services, P.O. Box 2960, Austin, TX 78769.

Food and Nutrition, (Periodical), Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325.

Going Green: A Kid's Handbook to Saving the Planet, by J. Elkington, J. Hailes, D. Hill and J. Makower. Puffin Books, 375 Hudson St., New York, NY 10014.

How to Get Your Kid To Eat ... But Not Too Much, by Ellyn Satter. Bull Publishing Co.

An Introductory Guide to Bilingual Bicultural/Multicultural Education: Beyond Tacos, Eggrolls and Grits, by Gloria Gomez. Kendall /Hunt Publishing Co., 4050 Westmark Dr., Dubuque, IA 52004.

Kid's Cooking: A Very Slightly Messy Manual, by the Editors of Klutz Press. 2121 Staunton Ct., Palo Alto, CA 94303.

Kitchen Fun for Kids, by Michael Jacobson and Laura Hill. Center for Science in the Public Interest.

Meals Without Squeals, by Christine Berman and Jacki Fromer. Bull Publishing Co.

More Than Graham Crackers: Nutrition Education and Food Preparation With Young Children, by Nancy Wanamaker, Kristin Hearn and Sherrill Richarz. Natl. Assoc. for the Education of Young Children (NAEYC), 1834 Connecticut Ave., N.W., Washington, DC 20009-5786.

The (No Leftovers!) Child Care Cookbook, by Jac Lynn Dunkle and Martha Shore Edward. Redleaf Press, 450 N. Syndicate, Ste. 5, St. Paul, MN 55104.

Teaching Children About Food: A Teaching and Activities Guide, by Christine Berman and Jacki Fromer. Bull Publishing Co.

National and Local Resources

Contact these agencies in your local community:
- City, county or state health department
- Cooperative Extension Services
- Child Care Food Program
- Women, Infants, and Children (WIC) supplemental food program
- Universities with programs in nutrition, dietetics, or food service management
- Affiliates of the American Heart Association

American Academy of Pediatrics, P.O. Box 927, 141 Northwest Point Blvd., Elk Grove Village, IL 60009 (also state chapters).

American Dietetic Assoc., 430 N. Michigan Ave., Chicago, IL 60611.

Natl. Dairy Council, 63000 N. River Rd., Rosemont, IL 60018-4233.

Nutrition Foundation, Inc., 888 17th St., N.W., Washington, DC 20036.

Food Safety Questions

Toll-free (800) #s for baby food manufacturers.

E.P.A. Safe Drinking Water Hotline, 800/426-4791.

Food and Drug Administration, Office of Consumer Affairs HFE-88, 5600 Fishers Lane, Rockville, MD 20857.

U.S.D.A. Meat and Poultry Hotline, 800-USDA-FSIS, Rm 1165-S, Washington, DC 20250.

What Should We Be Feeding Children?

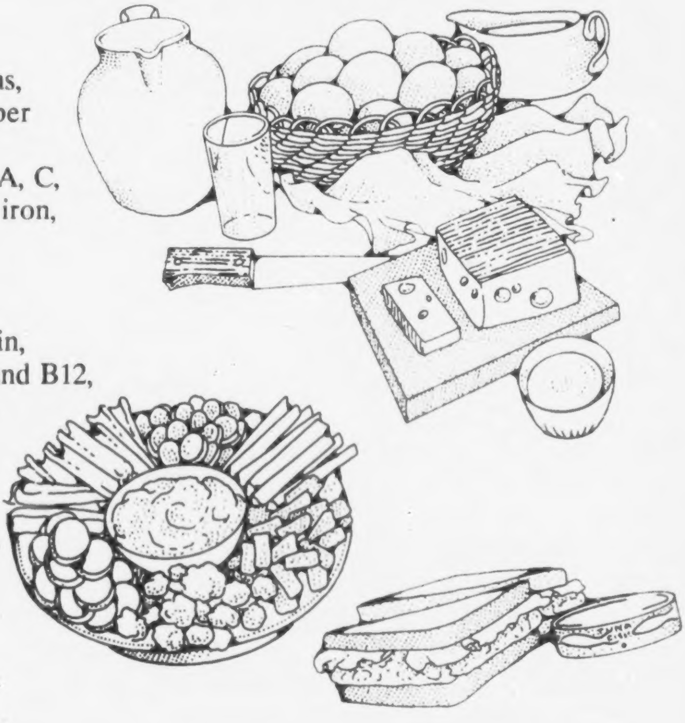
by Christine Berman, MPH, RD

Children need a variety of nutritious foods to enjoy the benefits of good health. Nutrients in foods supply energy and help run the body's processes, provide raw materials for growing tissues, and help protect against disease. Children who aren't well nourished lack energy, have frequent illnesses and may do poorly in school. Furthermore, poor eating habits learned in childhood can lead to higher risks for certain diseases in adulthood: heart disease, cancer, diabetes, and high blood pressure.

What a responsibility we have! Children depend on us to give them the foods they need, to handle feeding problems with love and wisdom, and to be role models for good eating habits. You can do it! Nutrition can be a very complicated topic, but you don't have to be a scientist to understand how to feed children well. A basic discussion of nutrition follows, and if you are interested in reading more, the books in the "Further Reading" section may be helpful to you.

The best diets contain the nutrients we need (proteins, carbohydrates, fats, vitamins, minerals, and water) in the right amounts ... not too much and not too little. Generally, children will be eating the same kinds of foods as adults, but in smaller portions. It can seem overwhelming to plan meals for children, but it's not really all that difficult. One idea is to follow the Child Care Food Program meal patterns (this is a good idea even if you choose not to be enrolled in the program). These meal patterns are set up to guarantee that a child is served foods from four "food groups":

Breads and cereals:	supply B-vitamins, minerals, and fiber
Fruits and vegetables:	supply vitamins A, C, and B6, folacin, iron, and fiber
Milk and dairy foods:	supply calcium, protein, riboflavin, vitamins A, D, and B12, and phosphorus
Meats and meat alternatives:	supply proteins, iron, B-vitamins, and magnesium



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A child can eat meals that contain all the "food groups" and still not be getting proper nutrition. Keep in mind that in general, it's healthiest to:

- **Eat foods low in fat (not for children younger than 2 years, however)**
    - Choose poultry (skinless), fish, dried beans, very lean cuts of meat, and low fat dairy products instead of fatty meats, luncheon meats, and fatty dairy products;
    - Limit the amounts of oils, butter, margarine, shortening, salad dressings, and mayonnaise you use;
    - Avoid fried foods and pre-breaded meat items;
    - Read food labels!
- **Eat at least 5 servings of fruits and vegetables each day, and 6-11 servings of whole or enriched grain products**
- **Avoid eating too much sugar**
    - Check the breakfast cereals you use: they should have no more than 6 grams of sugar per serving;
    - Keep the sugar bowl (and honey bear) off the table;
    - Serve fresh or frozen fruits or canned fruits in juice rather than fruits in syrup;
    - Experiment with cutting back on the sugar in your recipes;
    - Read food labels!
- **Avoid too much salt (sodium)**
    - Leave the salt shaker off the table;
    - Watch out for high-sodium processed foods: soups, bouillon, pickles, luncheon meats and sausages, snack chips, and processed cheeses;
    - Read food labels!
- **Eat a variety of foods**

Infant and Child Meal Patterns

Food Components	**Birth through 3 months**	**4-7 months**	**8-11 months**
Breakfast	4-6 fluid ounces (fl. oz.) breast milk[1] or formula[2]	4-8 fl. oz. breast milk[1] or formula[2] 0-3 Tbl. infant cereal[3] (optional)	6-8 fl. oz. breast milk,[1] formula[2] or whole milk 2-4 Tbl. infant cereal[3] 1-4 Tbl. fruit *and/or* vegetable
Lunch or Supper	4-6 fl. oz. breast milk[1] or formula[2]	4-8 fl. oz. breast milk[1] or formula[2] 0-3 Tbl. infant cereal[3] (optional) 0-3 Tbl. fruit *and/or* vegetable (optional)	6-8 fl. oz. breast milk,[1] formula[2] or whole milk 2-4 Tbl. infant cereal[3] *and/or* 1-4 Tbl. meat, fish, poultry, egg yolk or cooked dry beans or peas, *or* ½-2 oz. cheese, *or* 1-4 oz. cottage cheese, cheese food or cheese spread 1-4 Tbl. fruit *and/or* vegetable
Snack	4-6 fl. oz. breast milk[1] or formula[2]	4-6 fl. oz. breast milk[1] or formula[2]	2-4 fl. oz. breast milk,[1] formula,[2] whole milk or fruit juice[4] 0-½ slice bread *or* 0-2 crackers[5] (optional)

[1] Meals containing only breast milk are not reimbursable
[2] Iron-fortified infant formula
[3] Iron-fortified dry infant cereal
[4] Full strength fruit juice
[5] Made from whole grain or enriched meal or flour

Food Components	Ages 1 to 3 Years	Ages 3 to 6 Years	Ages 6 to 12 Years
Breakfast			
1. Milk, fluid	½ cup	¾ cup	1 cup
2. Vegetable, fruit or full-strength juice	¼ cup	½ cup	½ cup
3. Bread and bread alternates (whole grain or enriched):			
Bread	½ slice	½ slice	1 slice
or cornbread, rolls, muffins, or biscuits	½ serving	½ serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	¼ cup or ⅓ oz.	⅓ cup or ½ oz.	¾ cup or 1 oz.
or cooked cereal, pasta, noodle products, or cereal grains	¼ cup	¼ cup	½ cup
Lunch or Supper			
1. Milk, fluid	½ cup	¾ cup	1 cup
2. Vegetable and/or fruit (2 or more kinds)	¼ cup total	½ cup total	¾ cup total
3. Bread and bread alternates (whole grain or enriched):			
Bread	½ slice	½ slice	1 slice
or cornbread, rolls, muffins, or biscuits	½ serving	½ serving	1 serving
or cooked cereal, pasta, noodle products, or cereal grains	¼ cup	¼ cup	½ cup
4. Meat or meat alternates	1 oz.	1½ oz.	2 oz.
Lean meat, fish, or poultry (edible portion as served)			
or cheese or cottage cheese	1 oz.	1½ oz.	2 oz.
or egg	1 egg	1 egg	1 egg
or cooked dry beans or peas[1]	¼ cup	⅜ cup	½ cup
or peanut butter, soy nut butter, or other nut or seed butters	2 Tbsps.	3 Tbsps.	4 Tbsps.
or peanuts, soy nuts, tree nuts, or seeds[2]	½ oz.[3]	¾ oz.[3]	1 oz.[3]
or an equivalent quantity of any combination of the above meat/meat alternates			
AM or PM Supplement (Select 2 of these 4 components)[4]			
1. Milk, fluid	½ cup	½ cup	1 cup
2. Vegetable, fruit, or full-strength juice	½ cup	½ cup	¾ cup
3. Bread and bread alternates (whole grain or enriched):			
Bread	½ slice	½ slice	1 slice
or cornbread, rolls, muffins, or biscuits	½ serving	½ serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	¼ cup or ⅓ oz.	⅓ cup or ½ oz.	¾ cup or 1 oz.
or cooked cereal, pasta, noodle products, or cereal grains	¼ cup	¼ cup	½ cup
4. Meat or meat alternates	½ oz.	½ oz.	1 oz.
Lean meat, fish, or poultry (edible portion as served)			
or cheese	½ oz.	½ oz.	1 oz.
or egg	½ egg	½ egg	1 egg
or cooked dry beans or peas[1]	⅛ cup	⅛ cup	¼ cup
or peanut butter, soy nut butter, or other nut or other nut or seed butters	1 Tbsp.	1 Tbsp.	2 Tbsps.
or peanuts, soy nuts, tree nuts, or seeds[2]	½ oz.	½ oz.	1 oz.
or yogurt	¼ cup	¼ cup	½ cup
or an equivalent quantity of any combination of the above meat/meat alternates.			

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[1] In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.

[2] Tree nuts and seeds that may be used as meat alternates are listed in Section 1 of the CCFP Guidelines.

[3] No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For the purpose of determining combinations, 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry, or fish.

[4] Juice may not be served when milk is served as the only other component.

Planning Menus by Christine Berman, MPH, RD

Planning meals and snacks ahead of time will save you a lot of time and money. Set aside some quiet time for yourself, gather up all the materials you'll need (menu forms, cookbooks and recipes, price information, lists of foods high in vitamins A and C and iron, and a calendar marked with holidays, birthdays, or other special events.) Figure out whether you want to plan for a week or a month. Use the menu checklist below to make sure you've accounted for everything. Then check your food supplies and make out your shopping list. The first time or two may seem difficult, but soon it will be easy.

Menu Checklist

☐ Do the meals you planned meet the Child Care Food Program meal patterns?

☐ Have you planned a variety of colors, textures, flavors, temperatures, and preparation methods within your meals (an all-beige meal is boring!)?

☐ Did you plan to serve whole-grain foods and raw fruits and vegetables often?

☐ Have you planned a daily source of vitamin C?

☐ Have you planned a daily source of vitamin A?

☐ Have you included a mixture of new foods and old-time favorites?

☐ Are the high-fat foods balanced with lower-fat foods?

☐ Are the foods safe and relatively easy for children to eat?

☐ Do the foods you planned for snacks fill in the nutritional gaps from the main meals?

☐ Are the snacks planned appropriately for their timing (for example, a too-heavy snack at 5 p.m. may keep a child from eating dinner at home)?

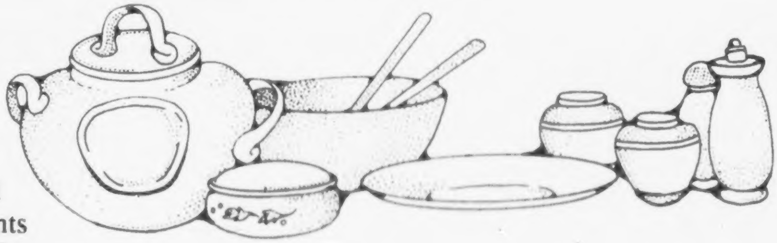
☐ Have you considered cultural, ethnic, and religious food preferences?

☐ Have you planned substitutions for children with allergies?

☐ Have you planned for special events: birthdays, holidays, field trips?

☐ Do you have the time or equipment to make all the menu items?

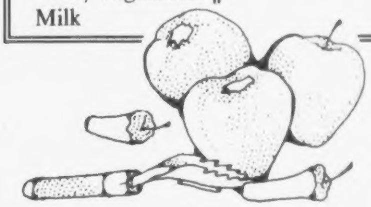
☐ Are the foods affordable?

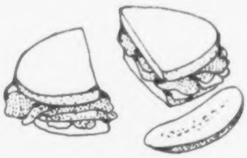


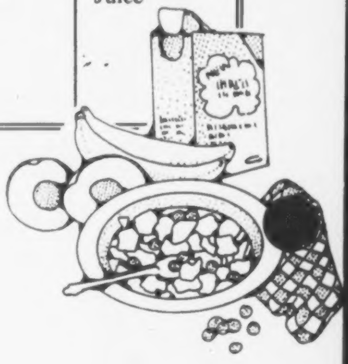
Some sample menus are included here to help get you going, but don't stop there. Use your imagination! You might be surprised at what some children will eat. Parents may be very happy to supply recipes for foods that their children particularly enjoy,

SAMPLE MENUS - 2 WEEKS

MEALS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST Bread or Grain Fruit or Vegetable Milk	English muffin Apricots w/yogurt topping Milk	Pumpkin bread Orange wedges Milk	Oatmeal Bananas Milk	Wholewheat cinnamon toast Applesauce Milk	Waffles Berries Milk
LUNCH OR SUPPER Bread or Grain "Meat" Fruit or Vegetable Milk	Bean & cheese burritos Lettuce & tomatoes Tangerines Milk	Minestrone soup Bread sticks Cheese slices Apples Milk	Teriyaki chicken Rice Broccoli Pineapple	Pizza Green salad w/red & green peppers Pears Milk	Tuna salad Pita bread Vegetable sticks Cantaloupe
SNACK Choose from 2 of these groups: Bread or Grain "Meat" Fruit/Vegetable Milk	Graham crackers Milk	Yogurt Fruit salad	Blueberry muffins Orange juice	Bean dip Crackers	Fruit "baked" in microwave Milk
BREAKFAST Bread or Grain Fruit or Vegetable Milk	Bran muffins Orange juice Milk	French toast Bananas Milk	"Cereal Hash" (mixed cold cereals) Strawberries Milk	Corn tortillas Oranges Milk	Granola Bananas Milk
LUNCH OR SUPPER Bread or Grain "Meat" Fruit or Vegetable Milk	BBQ chicken Potato salad Cherry tomatoes Bread Milk	Quesadillas Cabbage salad Watermelon Milk	Spaghetti Green salad Pears Milk	Fish sticks Rice Steamed broccoli Fruit cup Milk	Turkey loaf Mashed potatoes Carrots Whole-grain rolls Milk
SNACK Choose from 2 of these groups: Bread or Grain "Meat" Fruit/Vegetable Milk	Cold cereal Milk	Crackers Peanut butter	Cinnamon toast Hot chocolate	Vegetable sticks Cheese	Graham crackers Juice

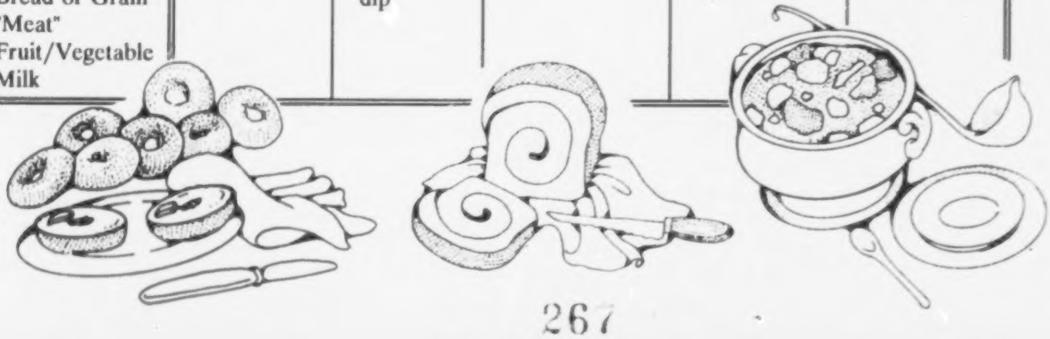






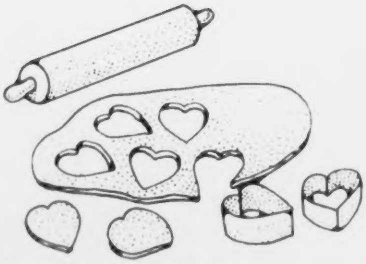
SAMPLE MENUS - 2 WEEKS

MEALS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST Bread or Grain Fruit or Vegetable Milk	Banana bread Oranges Hot chocolate	Hot whole grain cereal Bananas Milk	Bagels Cream cheese Tomatoes Milk	Cold cereal Peaches Milk	Graham crackers Bananas Milk
LUNCH OR SUPPER Bread or Grain "Meat" Fruit or Vegetable Milk	Chili Cornbread Coleslaw Pineapple Milk	Scrambled eggs Toast Hash-brown potatoes Oranges Milk	Bean soup French bread Green salad Apples Milk	Grilled turkey, ham & cheese sandwiches Raw vegetables w/dip Tangerines Milk	Stir-fry w/beef & vegetables Rice Fruit cup Milk
SNACK Choose from 2 of these groups: Bread or Grain "Meat" Fruit/Vegetable Milk	Apples Cheese chunks	Raw vegetables w/dip Crackers	Yogurt "sundaes" w/fruit, nuts & granola	Oatmeal cookies Milk	Apples Peanut butter
BREAKFAST Bread or Grain Fruit or Vegetable Milk	Peanut butter sandwiches Bananas Milk	Arroz con leche Tangerines Milk	Oatmeal Fruit juice Milk	Raisin toast Applesauce Milk	Corn muffins Oranges Milk
LUNCH OR SUPPER Bread or Grain "Meat" Fruit or Vegetable Milk	Macaroni & cheese Green beans Apples Milk	Egg salad sandwiches Sprouts & tomatoes Grapes Milk	Chicken curry Rice Peas Pineapple Milk	Soft tacos w/beans & cheese Lettuce & tomatoes Papaya Milk	Hamburger on whole-wheat bun Baked beans Lettuce & tomatoes Milk
SNACK Choose from 2 of these groups: Bread or Grain "Meat" Fruit/Vegetable Milk	Pears Crackers	Fruit wedges w/yogurt dip	English muffin pizza	Bagels Sliced turkey & cheese	Stewed dried fruit Crackers



Now That You Know What to Feed Children How Can You Get Them to Eat It?

by Christine Berman, MPH, RD



Fixing meals that are nutritious is one thing -- getting children to eat them can be quite another. Children pass through very normal stages of development that may make once-eager eaters fly into a rage if sandwiches aren't cut just right, refuse peas that touch the mashed potatoes, or want only peanut butter for two weeks. Everyone, including children, can have definite food preferences as well. It's easy to get into battles over eating, but don't do it! If you handle these situations well, you can help children develop a healthy approach to food that will serve them well throughout life. To do this, you need to understand how different developmental stages affect eating, and you will need to look at your own attitudes about food.

Do you feel that you must finish everything on your dinner plate, even when you're full? Have you ever made a child do the same? Do you "treat" yourself to something to eat after you've finished a project or gotten through a stressful day? Have you ever given a child a treat as a reward for behaving well or as a means of comfort? Do you feel bad about yourself when you feel you've overeaten? Does it bother you to see an overweight child taking second helpings of food?

As you can see, our feelings about food can be quite complex. We often develop our particular ways of dealing with food during childhood, and unfortunately, we may pass our bad habits to the children in our care. This can happen with the best of intentions, too. Naturally we want children we care for to eat and grow well. For example, it can be very worrisome to eat lunch with a child who is very small for her age. But interfering with the children's eating habits usually only makes the situation worse. Keep in mind the "division of responsibility in feeding"* described by child feeding expert Ellyn Satter.

Parents (and caregivers) are responsible for what is presented to eat and the manner in which it is presented.

Children are responsible for how much and even whether they eat.

What this means is that it's your job to buy, prepare, and serve foods, to determine meal and snack schedules, to help children participate in meals (passing serving bowls, pouring milk, cutting meats, etc.), to set up a pleasant eating environment, and to enforce standards of behavior at the table. From there, let the children eat the amounts they choose from what you've offered. It really works!

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* From Satter, Ellyn: How to Get Your Kid to Eat...But Not Too Much. Palo Alto: Bull Publishing, 1988.

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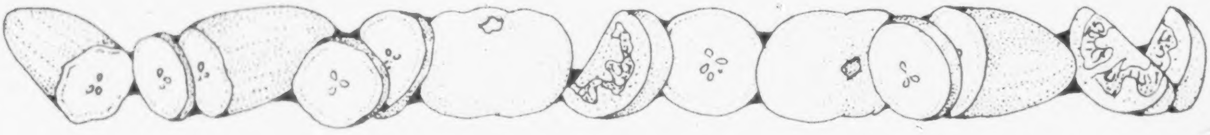
You will also do a better job of feeding children when you understand their growth needs and the reasons for some of their eating behaviors.

The Ages and Stages of Feeding
(Infants)

AGE	DEVELOPMENT	NUTRITIONAL ISSUES	WHAT YOU CAN DO
Young Infant (Newborn - 4 to 6 months)	Attached to primary caregivers and may refuse feeding from strangers Developing trust Must obtain nourishment by sucking	All nutritional needs can be met through breast milk or iron-fortified formula	If it helps, have only one person feed the infant Feed young babies "on demand" Offer support to breastfeeding mothers Wait until baby is 4-6 months before introducing solids
Older Infant (6 months - 1 year)	Develops new eating skills like biting and chewing Uses mouth to explore environment	As infant starts eating solid foods, needs good sources of iron, protein, and vitamin A and C Teeth come in and are vulnerable to decay	Introduce new foods gradually starting with iron-fortified infant cereal Protect from choking on food or other hazards Never put a baby to bed with a bottle, except with plain water



The Ages and Stages of Feeding
(Toddler, Preschooler & School-Age Child)

AGE	DEVELOPMENT	NUTRITIONAL ISSUES	WHAT YOU CAN DO
Toddler (1 year to 2½ years)	Loves to say "no!" and will even refuse favorite food Afraid of newness Needs both limits and the freedom to explore Improved motor skills, but has setbacks	Growth rate slows so appetite drops off Needs foods rich in iron and varied diet in general to prevent anemia Need to avoid foods that cause tooth decay	Don't worry about food refusals Keep meals fun Allow child to explore food, within reasonable limits while eating Give the child proper eating equipment
Preschooler (2½ - 5 years)	More sociable and cooperative...likes to feel "grown-up" Not as attached to primary caregiver Developing self-esteem	Overweight, tooth decay, and anemia are problems in this age group ... a varied diet that includes iron-rich foods and foods that are good for the teeth is important	Be a good role model Respect food preferences Let child help prepare and serve food Encourage exercise
School-Age Child (6 - 12 years)	May be involved in sports Is increasingly influenced by peers, and may shop for "junk" foods on her/his own May watch a lot of television	Growth is usually steady until age 7 or 8, when it slows a little before the onset of the adolescent growth spurt. It is normal to put on extra weight before the growth spurt, but many children this age are truly obese	Continue to provide high-quality meals and snacks ... and don't worry too much about "junk" food eaten away from the home Encourage physical activity rather than dieting

Feeding Infants

by Christine Berman, MPH, RD

Feeding a baby isn't all that difficult, but it can be a big part of our day. In order for the baby to grow properly and learn to enjoy eating, feeding needs to be done well. The most basic points about infant feeding are discussed here, and there are many good books on the topic if you want to learn more. Another great resource is your local Child and Adult Care Food Program sponsor.

Feeding Infants by Bottle

Breast milk or bottle formula is all that an infant needs (and is truly equipped to eat). For the first four to six months, health experts generally recommend that infants drink breastmilk or iron-fortified formula throughout the first year, even after starting to eat solid foods. There are three types of formulas: those based on cow's milk, soy formulas for babies allergic to cow's milk, and hypoallergenic formulas for babies allergic to both milk and soy. Young babies (under six months) should never have regular cow's milk. **Never feed a baby nonfat or lowfat milk, regular soy milk, Mocha Mix or nondairy creamers.**

When you're feeding infants by bottle, you will need to be careful while preparing the formula to make sure that it's very clean and properly mixed. It takes some care to feed a baby properly, too:

- Breast milk, formula, and water are the only things that belong in a bottle. Juices, soda pop, and solid foods (like cereal) do not belong in bottles.
- If you are using concentrated or powdered formulas, it is important that you follow directions and measure carefully. It is very dangerous to give an infant formula that is too diluted or too concentrated. For this reason, you may prefer to use ready-to-feed formula.
- Make sure everything is really clean: boil the water you use to mix formula for infants up to three months of age, wash bottles, nipples, rings, and caps very well in hot soapy water, and if you're making up a lot of bottles at a time, boil the equipment for 5 minutes.
- Store prepared bottles for no longer than 24 hours in the refrigerator.
- If you heat a bottle, shake it well and sprinkle a little onto your wrist to test its temperature before feeding the baby.
- Feed young babies when they're hungry, not by a set schedule.
- Always hold the baby when giving a bottle; hold her head higher than the rest of her body and tip the bottle so that milk fills the nipple and air doesn't get in.

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- Keep the feeding quiet and calm ... many babies get distracted by a lot of burping, jiggling, wiping, and changing positions.

- Stop feeding when the baby lets you know he's had enough. He may close his lips, turn his head, spit out or bite the nipple, cry, or cover his mouth with his hands. He may just want to take a little break, but if he refuses to eat again, he's probably finished. Throw out the unused portion.

Breastfeeding Infants

Many mothers want to both return to work and continue to breastfeed their babies. It can be challenging to do this, but for many mothers it's worth the trouble. Some infants will be given breastmilk in a bottle while in day care, others will be given formula while in day care and breastfed at home; some mothers will prefer to nurse their infants in the day care home during breaks at work. If the mother will be nursing her baby in your home, you can help her out by offering her a quiet and comfortable place for nursing and by not feeding the infant within 1 - 1½ hours of her arrival (so the baby will be hungry enough to nurse well). If you will be feeding breastmilk from a bottle, handle the milk carefully:

- Store it in the refrigerator for no more than 48 hours or in the freezer for no more than 2 weeks.

- Thaw the milk by running the bottle under cool, then very warm water, not in the microwave, then shake it gently to mix.

- Discard unused portions and don't refreeze milk that has thawed.

Feeding Solid Foods to Babies

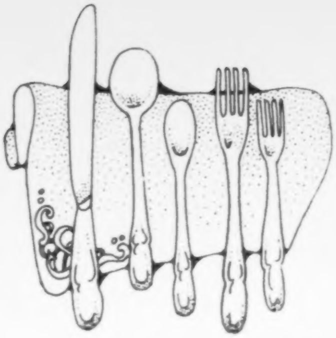
After 4 to 6 months, babies need nutrients from foods other than milk. They also will be ready to try more challenging textures and work slowly up to eating like the rest of the family. Infants are generally ready to try solid foods when they can sit up (with support) and keep food in their mouths and swallow it. Parents and day care providers need to talk with each other about how they are going to approach this special time ... what will be offered, when, and who will do it. Some parents want to be the first to offer new foods to their babies.

Although infants will vary in their ability to handle new foods, in general they should be eating foods from different food groups along this time frame:

Iron-fortified infant cereal:	**4 7 months**
Fruits and vegetables:	**6-8 months (juice in a cup a little later)**
Modified table foods and meats:	**7-10 months**

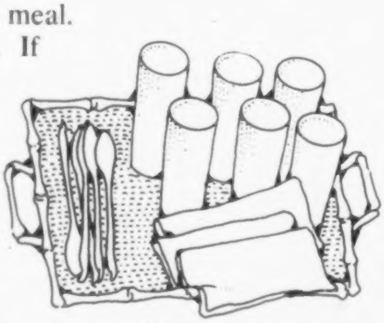
Keep your sense of humor, allow plenty of time, and make mealtimes pleasant. It's much more important for the baby to have positive feelings about eating than to get into battles over eating squash or prunes.

These foods are not suitable for children less than 1 year old:
salt, sugar, heavy seasonings, chocolate, egg whites, shellfish, peanut butter, and honey (even in cooked foods)



How to Survive Mealtime With Young Children (and Perhaps Even Enjoy It!)

- Allow enough time for an unhurried meal.
- Let the children know in advance what kind of behavior you expect.
- Set aside a little quiet time before the meal, maybe reading a story or having them listen to some music.
- See that the children are comfortably seated and have the right equipment for eating:
    - Child-sized, unbreakable plates, cups, bowls, and flatware;
    - Table and chairs that allow children to reach their food easily;
    - Serving pieces like small plastic pitchers (covered) and spoons that a child can manage easily; and
    - Adaptive feeding equipment, if needed, for children with special needs.
- Respect the children's food preferences when planning meals, but don't give in to "short-order cooking."
- Offer new foods in a matter-of-fact way along with some familiar foods, like bread.
- Allow the children to participate in food preparation.
- Don't allow them to fill up on juice or milk throughout the day.
- Help children serve themselves small portions, and be ready to assist them with seconds later.
- Present food so that it's manageable for children.
- Acknowledge desirable behavior and ignore undesirable behavior. Don't, however, praise or reward a child for eating or for trying new foods. Act as though you assume she is able to handle the situation, and she will (eventually).
- Do not make desserts the reward for eating the rest of the meal. Make them nutritious and offer them with the other foods. If they're eaten first, so what!
- Set a good example by eating a wide variety of foods and being open to trying new ones.



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George Won't Eat His Broccoli?
Melissa Won't Even Look at a Snow Pea?
Here, Try This...

- ☐ Let him grow it.
- ☐ Let her help you pick it out at the grocery store or farmers' market.
- ☐ Let him help you prepare it for eating (even quite young children can shell peas, pop beans, separate broccoli florets, and wash lettuce).
- ☐ Try serving it a different way ... raw if you usually cook it, lightly steamed if you usually serve it raw, perhaps even pureed in a soup.
- ☐ Let him dip it.
- ☐ Put parmesan cheese on top.
- ☐ Give it a funny name.
- ☐ Serve it when she's hungry, not when she's filled up on other stuff.
- ☐ Seat him next to a child who ***loves*** vegetables and let peer pressure work its magic.
- ☐ Tell her she can have it for dessert, but only if she eats all of her cupcake (just kidding...).
- ☐ Eat it yourself, with obvious enjoyment.
- ☐ Don't assume he'll ***never*** like it. Some children take longer than others to feel comfortable with certain foods, so let it reappear occasionally.
- ☐ If a young child still won't eat vegetables, and you are concerned that her health will suffer, offer her fruits that are good sources of vitamins A and C.

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Choking On Food

Every five days, a child in the United States dies from choking on food. Most of these deaths result from choking on hot dogs, nuts, hard candy, and grapes...foods that are either too hard or too tough for young children to chew, or are large enough to block air passages. Some simple precautions on your part can drastically reduce the risk of a child choking.

- ✓ Always supervise children while they're eating.

- ✓ Insist that children eat calmly and while they're sitting down. Encourage them to chew their food well.

- ✓ Infants should be fed solid foods only while they're sitting up.

- ✓ Make sure that the foods you serve the children are appropriate for their chewing and swallowing abilities. Do not give the following foods (unless they're modified) to children younger than 4 years of age:
  - Hot dogs (slice into quarters lengthwise)
  - Nuts (chop very finely)
  - Grapes (slice in half lengthwise)
  - Hard candies
  - Hard pieces of fruit or vegetable (shred or chop finely)
  - Popcorn
  - Peanut butter (spread thinly on bread, mixed with jam)
  - Fruit with pits or fish with bones (remove pits and bones)

- ✓ Don't allow children to eat in the car or bus; if a child started choking it might be hard to get the vehicle to the side of the road safely.

If a child does begin to choke, have someone call 911 and start the procedure in the "Health and Safety" chapter of this Handbook.

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Keeping Food Safe to Eat is an Important Part of Your Job

by Christine Berman, MPH, RD

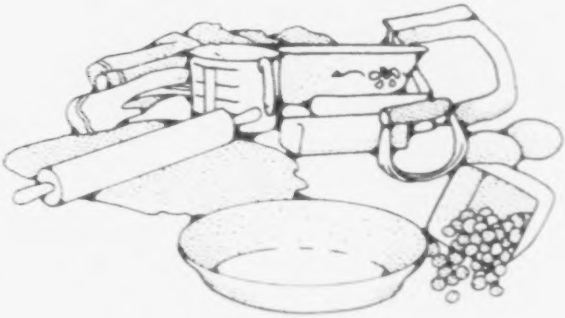
Millions of people every year suffer from food poisoning. No family day care provider wants the children in her or his care to be one of those millions! By following these common-sense rules of food safety, you can make sure that the germs that cause food-borne illness won't have the chance to get into your food and won't find "friendly" conditions in which they can live and reproduce. Do what you can to keep dangerous bacteria out of the foods you serve.

Take care of your personal hygiene:

- Wash your hands with soap and warm water before you handle food.
- Keep your fingernails clean.
- Wear clean clothing.
- If you have long hair, tie it back.
- Don't prepare food for others when you are sick.
- Don't smoke in the kitchen.

Serve only high-quality foods:

- Check expiration dates on food packaging.
- Buy only from reputable stores.
- Don't serve foods that appear spoiled or moldy or foods that are in leaking or bulging cans.



Store foods carefully:

- Your refrigerator should be at 32-40° F and your freezer should be at 0° F or below. Check them often with a thermometer!
- Put perishable foods into the refrigerator or freezer after shopping. Make sure to refrigerate the lunches children bring from home.
- Put newer foods behind older ones in your storage area.
- Store all foods in tightly covered containers and off the floor.
- Write dates on foods you are likely to lose track of, like frozen leftovers.
- Store foods in a different place from cleaning supplies and other poisons.
- Keep leftovers in the refrigerator for no more than 3 days.
- Thaw meat and poultry in bowls or shallow pans, so their juices don't drip on other foods.

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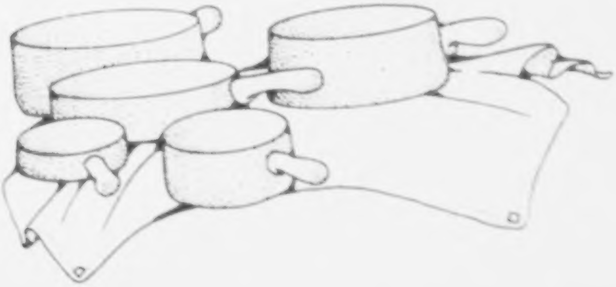
Handle food carefully:

- Keep hot foods hot and cold foods cold.
- Touch food with your hands as little as possible; use tongs, etc.
- Wash fruits and vegetables well before using them.
- Thaw frozen foods in the refrigerator or microwave, not on the kitchen counter.
- Cook meats, poultry, fish and eggs thoroughly.
- Use two spoons for tasting food...one goes into the food and dribbles into the second spoon. Use the second spoon for tasting!
- Don't store or serve foods in imported or antique pottery unless you are certain it's lead-free.
- Don't serve food that's left on someone's plate to another person.

Keep your food preparation areas clean:

- Don't allow animals or kitty litter boxes in the kitchen.
- Clean your kitchen and equipment regularly.
- Wash the can openers after each use.
- Air-dry rather than towel-dry dishes and utensils.
- Wash any cutting board or utensil that has touched raw meat or poultry before using it for any other raw or cooked food.

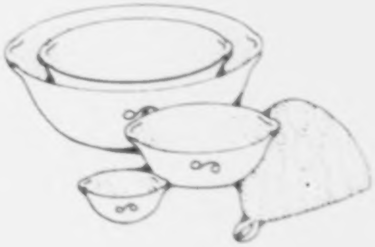


Discourage insects and rodents from living in your kitchen.

- Don't store food under the sink.
- Repair places in your kitchen that insects and rodents can use for an entrance: torn screens, cracked walls, openings around drain and water pipes, etc.
- Keep your kitchen immaculate!
- If you notice a problem with insects or rodents, take care of it right away.

Don't serve these foods to children in your care:

- Raw or undercooked meat, poultry, fish or eggs;
- Unpasteurized (raw) milk;
- Homemade ice cream (if it has eggs in it);
- Home-canned foods;
- Any foods that you suspect are spoiled or that have been kept for a long time at room temperature; and
- Honey, in any form, to children younger than one year of age.



Allergies to Foods

Depending upon whom you believe, 0.3% to 38% of all children have food ***allergies***. In some cases, food allergies are only minor inconveniences. But they can also cause chronic health complaints, and in extreme cases, life-threatening reactions.

Food allergies are hard to diagnose, and even the most respected allergy specialists disagree about the best methods to use. They also disagree on the range of health conditions that can be caused by allergies. Eczema, asthma, colic, migraine headaches, and hyperactivity have been linked to food allergies by some researchers, but not all.

We do know that symptoms of food allergies usually appear in the first year of a child's life and often disappear within nine months or less. We also know that children are much more likely to have food allergies if their parents do (though not always to the same foods!).

In a true food allergy, the body's immune system reacts to contact with the offending substance (***allergen***) by making ***antibodies***. Though a series of mechanisms in the tissues of the body, symptoms are produced that may include:

☐ hives
☐ vomiting
☐ eczema
☐ diarrhea
☐ sneezing
☐ coughing
☐ swelling of the throat
☐ nasal congestion
☐ wheezing
☐ anaphylactic shock

A reaction can take from a few minutes to several days to occur. The severity of the reaction can depend upon:

☐ how much of the allergen was eaten
☐ how often the food was eaten
☐ physical or emotional stress

The foods most likely to cause allergies in children are: cow's milk, wheat, eggs, and corn. Soy products, oranges, chocolate, peanuts, legumes, rice, fish, beef, pork, and chicken are other potential allergens.

Children can also have ***sensitivities*** or ***intolerances*** to foods. These are often confused with allergies. Examples are lactose intolerance, which is the inability to digest the sugars in milk, or sensitivities to food colorings and MSG.

A child should have a professional evaluation when food allergies are suspected. It's a shame when a child is forced to avoid enjoyable foods that may not even be a problem for her. It's also a shame when a child suffers unnecessarily from allergy-related symptoms.

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Be aware that allergies are not to be taken lightly, and can result in some troublesome situations.

☐ Children can develop aversions to eating when they've been scared by severe allergic reactions or when restrictions make mealtimes unpleasant.

☐ Highly restrictive diets can be boring; they can also lead to serious nutrient deficiencies if they aren't well-planned.

☐ Children may use eating "forbidden" foods, or not eating at all, to manipulate their parents or caregivers.

Guidelines for Managing Food Allergies in Child Care

☐ Establish a written policy on parent/caregiver responsibilities in allergic conditions.

☐ Have a physician's statement on file which describes the allergy and recommended substitutions.

☐ Make sure a list of children with allergies and their "forbidden" foods is readily available for any adult who might be involved in preparing food or serving it to children.

☐ If a child is subject to life-threatening reactions from foods, obtain authorization to administer the appropriate medications and the necessary training to do so safely.

Anaphylactic shock can be fatal! Its warning signs are

- itching and flushing of the skin
- severe nausea or diarrhea
- swelling of the respiratory passages

☐ Children with multiple food allergies, or allergies to foods that are primary sources of nutrients (as milk is in the United States), should be monitored by a physician or dietitian. Parents and caregivers may wish to receive counseling together regarding appropriate food choices.

☐ Be matter-of-fact about a child's food restrictions. Let the child take increasing responsibility for his food selections, as his awareness of what must be avoided grows. Tell other children in the group why the restrictions are necessary; hopefully they'll be supportive of their peer.

☐ Remember that children generally hate being singled out. Become adept at planning menus that everyone can eat, and when you find that you must make substitutions for a child, be sure that what she gets is as nice as what everyone else is getting. Don't make it too spectacular, though, or you'll have everyone clamoring for that special treat!

☐ Become thoroughly familiar with foods that potentially contain the allergens you're avoiding. Read labels like crazy. Beware of "hidden" allergens in foods.

☐ Make every effort to replace the nutrients that will be missing when a child must avoid major foods and food groups. For example, apple juice is not a substitute for milk. Sure, they're both beverages, but apple juice has virtually none of milk's protein, calcium, riboflavin, vitamin A, or vitamin D.

Nutrition Education for Children: What Children Need to Learn About Food
by Christine Berman, MPH, RD

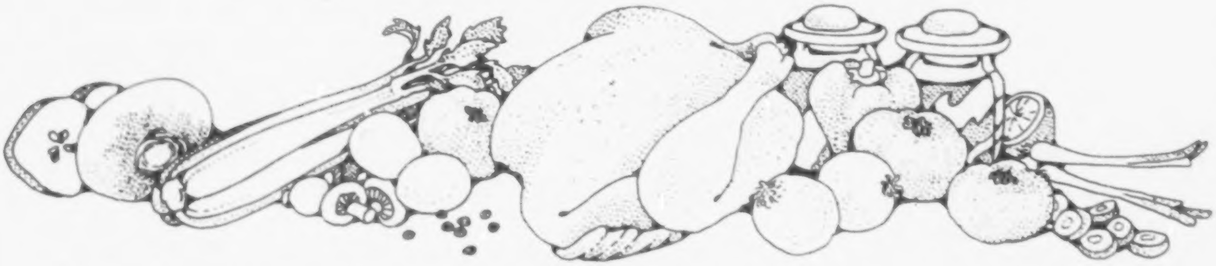
Children start learning about food the day they're born. They continue to learn as they share meals with their family members and other people, watch television, read books, and help prepare foods. As children enter group care or preschool, they will sometimes participate in learning experiences aimed at teaching nutrition concepts. Hopefully, these children will grow up to eat healthfully, enjoy eating, respect other people's eating preferences, and act as responsible consumers. It isn't difficult to teach children about food...much of it happens automatically. You do need to make sure children get the right messages, however, and there are many concepts that children need to learn in order to have a "well-rounded nutrition education."

Nutrition concepts for young children (toddlers and preschoolers):

- Handwashing and standards of behavior at the table
- There are lots of kinds of foods that are good and fun to eat
- Identifying shapes, colors, smells, and tastes of foods
- Names of foods
- Foods that come from plants and foods from animals
- How plants grow
- Who supplies our food: farmers, bakers, grocers, etc.
- People in different families and cultures eat different foods
- Food shouldn't be wasted
- We need to dispose of food waste responsibly
- Safe food handling practices
- Some foods are bad for the teeth
- Foods advertised on television may not be the best for us

Nutrition concepts for older children (grade-school):

- Food group classifications
- Food sources of nutrients
- Functions of different nutrients
- How food choices can affect health
- Planning nutritionally adequate meals
- How food is digested
- How to read food labels for nutrition information
- How to use unit pricing to determine which food is the best buy



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How Do Children Learn About Nutrition?

There are lots of ways, actually. And you need to consider all of them when you're planning a program on nutrition education:

Your menus ... are a statement about what you feel are appropriate foods to eat, and can either serve to broaden children's awareness about foods or limit it.

Modeling adult behavior ... when children see you enjoying a variety of good foods, being willing to try new foods, being mannerly at the table, respecting the food choices of other people, and making an effort to recycle food containers, it makes an impression on them. When they see you wasting food, drinking soda pop all day long, or depriving yourself of food while dieting, it also makes an impression on them. That's why it is important that adults who are working with children be nutritionally aware and mindful of their actions.

Nutrition concepts in the environment ... picture books, puzzles, play foods or empty food packages in the playhouse, pictures on the wall, games, television shows and videos, and stickers used as rewards or decorations, should be looked at with a critical eye. What messages are they imparting about the value of certain foods or eating practices?

Formal learning activities and field trips ... their frequency and complexity must depend on the age of the child. Young children won't benefit from a lecture, but they can be set up with opportunities to explore foods, learn songs about handwashing, visit farms or grow their own food in gardens. Older children can learn from games, science experiments, and other activities.

Cooking activities ... allow children to feel, smell, and taste new foods, to feel good about themselves as they contribute to meals eaten by others, and to become more self-sufficient in their eating.

Reinforcement at home ... ensures consistent messages. Parents and caregivers or teachers should be in communication with each other about the values and concepts they are trying to impart to the children. Opportunities can be given to parents to participate in the nutrition programs at their children's schools and child care sites.

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Teaching Children About Cultural Diversity Through Food

Cultural awareness should be integrated into every aspect of your program, and mealtimes, which by their very nature involve sharing between people, offer ideal opportunities to help children appreciate cultural diversity (and similarities). It takes some care, however, to make sure that you aren't promoting stereotypes or presenting incorrect impressions. For example, serving "ethnic" foods only on "ethnic" holidays won't adequately describe the foodways of a culture.

The following guidelines, adapted from the book Anti-Bias Curriculum: Tools for Empowering Young Children by Louise Derman-Sparks and the Anti-Bias Curriculum Task Force, will help ensure that efforts to teach multicultural education at mealtime won't backfire:

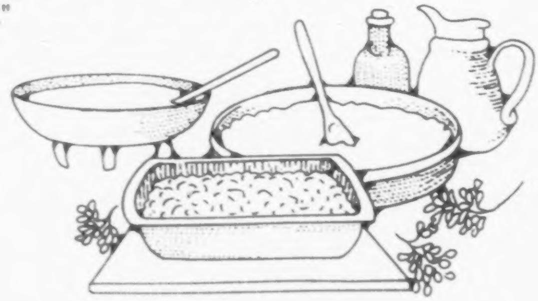
- Prepare foods that children regularly eat at home. Include foods eaten by every child's family. Integrate culturally diverse cooking regularly at snack and lunch. Ask parents for recipes that you can include. Also, include foods from cultures not represented within the group.

- Don't stereotype. Be sure to avoid generalizations. Though certain foods may be traditionally identified with a particular cultural group, remember to point out that families within the same culture may eat differently from each other.

- Explain the difference between daily foods and holiday foods.

- Don't mix cultures up. Families from El Salvador do not eat the same foods as families from Mexico. Families recently from Mexico may not eat the same foods as third-generation Chicanos.

- Children may not like the new food they are supposed to be learning to appreciate. Teach children ways to decline food politely. Serve small portions and invite, but don't force them to try it. Help them understand that sometimes we like new things and sometimes we don't. If children make fun of the food or call a food "yucky," intervene immediately, explaining that it is not OK to respond in those ways, and offering other ways: "I've never tasted that before; what does it taste like?" or "It tastes different to me"; or, if a child really doesn't want to try, say "No, thank you; I don't want any today."



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Caring:

Information for family day-care providers

MEALS AND SNACKS

As a day-care provider, you have a special responsibility to feed your children nutritious meals and snacks and help them develop healthy attitudes about food and eating. When you help children learn about food, you help set the foundation for their future food selection and nutrition. And, by helping you prepare food, children learn to work comfortably in the kitchen, a skill they will probably need later in life.

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How Much Should a Child Eat?

Meals and snacks eaten in day-care homes should probably supply young children with about two-thirds of their daily diet requirements. Young children in good health and supplied with energy for growth and learning should receive the following amounts and types of food each day:

- Two to three cups of milk.
- Four servings of bread or cereal (a half slice of bread or a half cup ready-to-eat cereal equals one child-sized serving).
- Two servings of meat or meat alternatives (one serving equals one egg, one ounce of cooked meat, or two tablespoons of peanut butter).
- Four servings of fruit or vegetables (one serving equals one-fourth cup juice, one-fourth cup vegetables, half an apple, or half an orange).

Because children have small stomachs, they should eat these servings divided among three meals and two snacks a day. A good pattern to follow is: breakfast, midmorning snack, lunch, midafternoon snack, and dinner.

Serve meals at about the same time every day. Children feel more secure and comfortable when they can depend on eating regularly.

Who decides how much a child should eat? It is really up to the child to decide. A child should eat until satisfied and then stop. The child who is distracted while eating should be reminded that the task at hand is eating, but never pressure a child to eat more if the child has evidently had enough.

What should you do if a child eats very little at meals and then wants to eat soon afterwards? Remind the child that the next meal or snack will be coming up at a certain time, which is when everyone will next get to eat. This will help the child to realize that eating only occurs at established meal and snack times and that panhandling food all day is not allowed.

Happy Eating

With patience and ingenuity, day-care providers can help children develop happy, healthy attitudes towards food. Children can learn to enjoy a variety of foods; initially, however, they may hesitate to try a food they have never had before.

When a food is new, suggest trying it. If the child says "no," simply say, "Maybe next time." When you next serve the food, point out that it isn't new; you've served it before. ("Remember, we had this last Tuesday?") Again, encourage the child to taste it. Children are much more apt to taste a new food the second or third time it has been served. They've seen other children eat it and you eat it, and they may not want to miss out on something good.

Children learn more by example than by words. They will watch and copy your habits and attitudes toward food. They may well copy your food likes and dislikes. Be aware of what your actions teach.

To make mealtime pleasant, remember that children like meals with a variety of color, flavor, texture, and temperature. Brightly colored foods—like orange wedges or cherries—can make meals look special. You can combine foods that crunch (like carrots) in the same meal with smooth foods (like pudding).

Whenever you can, encourage children to do as much as possible for themselves at mealtime. Provide small glasses and utensils that are easy for children's hands to hold. Use other small serving plates so children can

learn to help themselves and to pass food to one another. Dishes with high sides help youngsters learn to gather food on a fork or a spoon.

By supplying finger foods that they can pick up and eat, you can make eating more enjoyable and less tiring for youngsters. This is especially helpful to 1-year-olds who haven't learned to handle a spoon by themselves. Cut meat into bite-sized pieces to make eating easier.

Colorful plates and cups can add enjoyment to meals. If you use disposable ones, show the children how to decorate them with inexpensive stickers or their own drawings and cutouts. Straws are also very popular—offer them now and then, but make sure the children have lots of practice drinking from cups and glasses without them.

Recipes Kids Love

Banana Milk Shake

1 cup	*ripe banana, sliced*
1/2 tsp	*vanilla*
1 cup	*liquid nonfat dry milk*

Beat banana until creamy. Add vanilla. Mix. Stir in milk. Chill and serve. Makes 1 pint.

Quesadillas

Enriched flour tortillas
Cheese (processed American, Cheddar, or Jack)

Grate cheese. Sprinkle tortilla with cheese and fold in half. Place in ungreased frying pan or on a pancake griddle. Heat over a high flame until cheese melts. Cut in halves or thirds and serve.

To make these in a microwave, wrap the quesadilla in wax paper or a paper towel and heat at medium low for a minute until cheese melts.

For children who like hot flavors, add diced green chilies to cheese.

Strawberry-Yogurt Popsicles

16-oz carton	*frozen, sweetened strawberries, thawed*
1 tbsp or 1 packet	*unflavored gelatin*
16 oz	*yogurt, plain flavor*
12	*paper cups, 3 oz size*
12	*plastic or metal spoons*
12 pieces	*aluminum foil (12" x 10")*

Drain sweetened strawberries and place drained liquid in a saucepan; sprinkle with gelatin. Cook over low heat, stirring constantly, until gelatin dissolves.

Mix strawberries, yogurt, and gelatin mixture in a blender until smooth. Place cups on a tray and fill half way with mixture. Cover cups with foil. Make a slit in the foil over the center of each cup and insert spoon.

Freeze popsicles until firm. When they are ready to eat, tear off paper cup. Leave foil on to catch drips.

Makes 12 popsicles.

Snacking Ideas

- Cheese toast triangles
- Tortilla wedges filled with refried beans
- Banana, date-nut, or carrot bread
- Cheese slices or chunks
- Warm biscuits or muffins
- Dry, assorted unsweetened cereals mixed together
- All kinds of fruit juices
- Fresh fruit slices or chunks
- Raw vegetable sticks with yogurt or cottage cheese dip
- Fruit juice popsicles
- Hard cooked egg halves
- Small pizzas
- Beef jerky
- Dried fruit—raisins, apricots, and apples
- Peanut butter on rice cakes
- Whole wheat crackers
- Yogurt with fresh fruit
- Pudding made with milk

Warning: Choking on food is a real danger for children under 5 years old. They are most likely to choke on: hot dogs, hard candy and caramels, nuts, seeded and seedless grapes, popcorn, chewing gum, and lollipops. To prevent death by choking, young children should not be given any of these foods, and any other foods that may plug the throat should be cut into small pieces.

Food Fun: Activities to Help Children Explore and Enjoy Food

A Make-Myself Salad . . . Kids can design a salad portrait of themselves. They can use a peach half for the body; half a cooked egg for the head; cereal flakes, shredded cheese, or grated carrot for the hair, raisins for eyes and buttons, maraschino cherry for lips; celery for arms and legs; and prunes for shoes.

Let's Take a Trip . . . Take kids on a trip to the dairy farm or bakery. They can learn how cows make and give milk, or where and how bread and rolls are made. Then follow the trip with a "hands-on" project of your own. Children could make baked custard with milk, or bake bread or biscuits. While you work together on the project, talk about the experiences you shared on the trip, what the children learned, what the place smelled like, why that food is good for you, and what kind of products come from a dairy or bakery. While you are waiting for the results of your project to cook in the oven or chill in the refrigerator, read to the children about cows or baking ("Little Red Hen," or "The Gingerbread Boy," etc.). If a trip away from you day-care home is impractical or impossible, you can simply combine the cooking and reading experiences.

Discovering Foods . . . Choose almost any kind of fruit or vegetable to pass around to the children. As the children investigate the fruit or vegetable, guide them with questions like the ones that follow. (For this example, we used apples.)

What color are the apples? Where do they grow? What shape are they? How do they smell? How do they feel? (Then cut the fruit open.) What covers an apple? (Point to the skin.) What color are the insides of an apple? What are these? (Point to the stem, then the seeds.) What is the stem for? What are the seeds for? (Give children pieces of an apple.) How do apples taste?

What kind of sound do they make when you eat them? Why are apples good for us? (They give us energy.) What can we make from apples? (Applesauce, vinegar, cider, jelly, apple crisp, apple butter, and so on.)

Have some of the apple products on hand so children can taste the apple in different forms. You and the children could make applesauce or an apple pie to complete the activity.

Pretzel Dinosaurs . . . Prepare a batch of soft-pretzel dough, then have the children make their own pretzels in shapes of dinosaurs, animals, or storybook characters. To make soft-pretzel dough:

Dissolve 1 package of dry yeast in 1½ cups warm water in a large bowl. Mix 4 cups flour, 1 teaspoon salt, and 1 tablespoon sugar in another bowl. Then, stir 3 cups of the flour mixture into the yeast and water.

Knead the mixture on the counter for a while, then add the remaining flour. Break off pieces of the dough for each child to use in making a pretzel.

Once the pretzels are shaped, have the children place them on a greased pan and brush them with 1 egg slightly beaten with a tablespoon of water. Bake the pretzels about 12 minutes or until brown in a preheated 475°F oven.

Refrigerate any remaining dough for later use rather than making extra pretzels. Soft pretzels do not keep well, so it is better to make them up only when they can be eaten fresh.

Green Eggs and Ham . . . Combine reading and a meal. For example you can read to your children ***Green Eggs and Ham,*** by Dr. Suess, then make a lunch of ham and "green eggs," (eggs scrambled with minced parsley).

My Meal Place . . . Children can learn to set their own place at the table by making an outline drawing of the setting for their plate, glass, napkin, knife, fork, and spoon. They can draw the outline on construction paper, then you can enclose the paper between two layers of self-adhesive plastic. Leave a one-half inch plastic border all the way around the construction paper.

The drawing can be used as a place mat—it's easy to clean. Children can set the table themselves according to the outline, and learn to identify different eating utensils.

Ground Rules for Food Fun

- Keep activities simple. Choose things children can accomplish easily with little chance of failure.
- Choose projects with quick results because children may lose interest quickly.
- Talk over the steps with the children.
- Emphasize the need to cook with clean hands, and remind children of other rules for cleanliness, for example, no sneezing or coughing into the food.
- Use food projects as a basis for other learning experiences, such as reading, counting, or drawing pictures.
- Let children do as much as possible by themselves (measuring, beating, mixing, setting the table, and so on). This encourages their independence. They will also learn more by ***doing*** than by watching something being done.
- Never leave a preschooler alone in the kitchen. If you are using hazardous items (such as knives), and you must interrupt your project to answer the phone, ***take those items with you***.

Children in the Kitchen

Encourage children to help with meals. While they help you, they can learn about new words, relationships, and locations. Also, children are more likely to accept new foods if they have had a hand in preparing them.

Children can learn about size and quantity as they count cookies, measure cupfuls of water, and compare large and small fruits. They will learn about colors, shapes, and temperatures as they handle oranges and bananas, hot muffins, and cold fruit juice. Steps in recipes teach lessons about order. Waiting for bread or cake to come out of the oven teaches about time, and setting a table exercises memory skills.

Remember, children develop at different rates. Younger children can do tasks that require the use of the whole hand and arm—like tasting foods, scrubbing vegetables, and tearing lettuce. In time, children progress to jobs requiring more hand and eye coordination, such as pouring milk, mixing ingredients, and spreading peanut butter on toast. Even more complex skills are required for kneading dough or peeling hard-cooked eggs. By the time children are 3 years old, most of them can be helped to use a table knife to cut cheese, bananas, apples, and other solid foods. In addition to the skills already mentioned, young children can learn to:

- Set, clear, and wipe the table
- Serve themselves
- Pour juice and milk
- Place toppings on pizzas and snacks
- Decorate cookies
- Grease baking pans
- Wash silverware
- Spread butter on bread
- Shape cookie dough into balls
- Arrange cookies or fruits on a plate
- Measure bulk ingredients for recipes
- Stir ingredients by hand
- Shell peanuts

Be sure you encourage boys as well as girls in kitchen activities. Both boys and girls will need to know these skills to feel comfortable in kitchens when they are adults.

Children and Eating

As a day-care provider, you know that children differ from each other. This also holds true for eating. Some children, indifferent to food, eat slowly and are easily distracted. Other children are always ready to eat and enjoy every bite. Be patient—let each child eat in his or her own style. The young child who is easily distracted from eating can be placed in a high chair to promote concentration on eating.

Ask the children or their parents to name their favorite foods and then include them on the menu. You might even name a certain meal after a child when it features that child's favorite food. For example, a lunch featuring macaroni and cheese might be called "Jenny's favorite lunch" because it features Jenny's favorite dish. Name a meal after every child if you're going to do this, so no one will feel left out.

Sometimes children go through fussy periods when they only want to eat a favorite food. They have the right to refuse the food you've prepared, but this does not mean that you must prepare their favorite food or make separate meals just for them. The same menu should be served to everyone; otherwise, you'll become a short-order cook.

Children learn by watching others. Sit and eat with them. They will try to do what you do. You will be pleasantly surprised to see many of them learning table manners from you. They may also be tempted to try foods new to them because they've watched you eat them.

As you eat together talk to the children. Talk about the colors of the foods at the meal. Count the number of different foods. Discuss the qualities of the food: crisp, crunchy, smooth, lumpy, soft, or hard. Ask them that wonderful question: Does the food come from a plant or animal?

Be aware of your example; children mimic adults. Do you eat standing up? Do you only eat desserts with the children because you ate the other foods while preparing them? Do you eat the same food the children are eating? Are you showing the children what to do by doing it yourself?

When children do something you'd like them to do again, praise them for it. ("Johnny, you did a great job pouring the cereal into your bowl!") But don't reward children with food, especially sweet food. Don't tell them, "You've all been such good children today; I'm going to give each of you a piece of candy." They will believe that candy is desirable while other foods never used as rewards are not as desirable. Instead, reward good behavior with a hug or words of praise.

Along the same lines, don't withhold dessert from a child who hasn't cleaned the plate. No child should have to eat everything. Instead, a child should eat until full and then feel free to stop. If dessert is requested, it should be given. Dessert should contribute to nutritional well being such as popsicles made from full-strength fruit juice, fresh fruit or fruit canned in natural juices, flan, custard, pudding made with milk, or the like.

Saving Time

Time is precious to day-care providers who must balance their business of caring for children with caring for their own families. You may find you can save time, at least time in the kitchen, if you:

- Plan menus a week at a time, then pick up a week's supply of foods in just one trip to the store. This will also make it easier to keep track of costs for business record-keeping.

- Cook soups, spaghetti sauce, and stews in large amounts, then freeze them in small portions for later use. Mix up a double batch of a meat loaf or casserole recipe. As you prepare it, place part in a smaller pan with milder seasonings for the children.

- Complete as much meal preparation as possible outside of day-care hours so you do not detract from supervising the children. However, be sure to save some jobs that the children can help you with.

- A main dish, vegetables, and dessert that you can cook all at once in the oven will save energy as well as time.

- Choose foods that can be cooked, served, and even stored in the same containers to save on clean-up time.

- Plan for versatile leftovers that can be served hot or cold or frozen for later use. Meat loaf, for instance, can be used in sandwiches or chopped up and heated with potatoes for hash.

Should you give children soda pop, candy, potato chips, cookies, crackers, and other foods low in nutrients? Nutritionists are only opposed to these foods if children fill up on them and have no appetite left for more nutritious choices. Offer them once in a while, but don't present them as special treats or the children will clamor to have them.

Should you limit the amount of food eaten by children who are chubby? The answer is definitely no. Permit all children to eat as much as they want. Restricting food intake can backfire by causing overeating. If children don't get enough to eat at meals and snacks, they begin to worry about food; then, they start overeating when enough food is available.

Many youngsters who were chubby as preschoolers grow up to be normal weight teenagers. Some normal weight preschoolers grow up to be chubby teenagers. There is no way to tell who will be of normal weight and who will be overweight. All children should learn to eat until their bodies tell them they are satisfied. Problems sometimes crop up when children are stimulated to eat by other than hunger pangs: by seeing television commercials or by seeing food left in eye view.

Cutting Food Costs

To get the most nutrition for your food dollar in your family day-care operation, follow these ideas for reducing costs while still providing a nutritious diet.

- Mix half reconstituted instant nonfat dry milk with half fresh milk to stretch your milk budget. Powdered milk has all the nutrients of fresh milk and costs less.
- Offer water to children who ask for a drink between snacks and meals. Water satisfies thirst and is actually required by the human body. Serve milk at meals and juices at snack time.

- Dilute frozen fruit juice with an extra can of water. Most children prefer the diluted flavor, and the nutritional value is not that much less.
- Fruit drinks, punches, and ades are expensive, considering that most of them contain 10 percent fruit juice or less. Full-strength fruit juice is a much better value economically and nutritionally. You can always dilute it by adding water, and it will still have more fruit juice than most fruit drinks do.
- Cook macaroni, rice, or noodles combined with eggs, cheese, or meat to stretch the main dish and still provide necessary protein. If you are serving a packaged macaroni and cheese dish, serve hard-cooked eggs as finger foods for extra protein.
- Buy fresh fruits and vegetables in season.
- When you plan menus, check newspaper ads for "specials" at the local supermarket.
- Buy just enough perishable items, fresh fruits and vegetables, to use in a short time. You don't want to throw out food because it has spoiled or has gotten too old.
- Buy store brands instead of name brands. These products often cost less than more widely advertised items and are just as good.
- Stock up on nonperishable items when they are on sale.
- Use coupons cut from the newspaper or magazines for "money back" at the supermarket.
- Shop when you aren't hungry and be sure to use a list. This will reduce "impulse purchases."
- Avoid as many "convenience" foods as possible unless you can afford the built-in labor charge. For example, homemade orange juice popsicles will cost less than store-bought and take just a few minutes to make.

To simplify information, trade names of products have been used. No endorsement of named products is intended, nor is criticism implied of similar products which are not mentioned.

AUTHORS:
This leaflet in the Caring Series was written by Joanne Ikeda, Extension Nutritionist, University of California; parts were adapted with permission from Family Day Care Exchange: **Meals and Snacks,** Dorothy Pinsky and Kay Munsen, Iowa State University Extension, Ames, Iowa, 1980.

PHOTOGRAPHER:
Alfred L. Smith, Agriculture
and Natural Resources Publications.

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Working With Children

THIS SECTION IS DEVOTED to the many aspects of caring for children. You will find information here on:

- patterns of child growth and development;
- special considerations related to infant and toddler care;
- arranging your home space for child care;
- toys, games and the importance of play in child development;
- art and other activity ideas;
- language development;
- guidance and discipline;
- separation from parents;
- biting;
- toilet training;
- television; and
- cultural diversity in day care.

We have provided two different growth and development charts. "Developmental Characteristics," from the Fairfax County Office for Children, is a good general chart from birth to school age. "Infant Center Curriculum" (from the book *Infancy and Caregiving*) is a detailed guide to child development from birth to two, which we feel will be a very valuable reference and resource for anyone caring for infants.

A word of caution about these charts, however: Every child grows at a different pace, and no chart or expert can predict what any one child will be like at a particular age. These charts are general guides which will help you plan activities and respond to children's developmental needs. They are not meant to be checklists to "measure" children or to diagnose developmental problems; in fact, you will probably notice in using these charts that they don't always agree! No two child development specialists agree about exactly when certain skills will normally appear.

A good family day care provider learns to be a keen observer of children. Observation skills are a matter of sitting back and simply watching what takes place for a child in a given situation: for example, handling a new toy, or trying a new food, or reaching a new stage of growth like crawling or walking. Parents will appreciate it if you let them know about the little details you've observed during a child's day, especially the joyful things about the child which give you pleasure.

If you notice changes in a child's behavior that concern you, make careful observations over a period of time and write down what you see. Keep the parents informed so that you can work together; it will help if you can give them concrete examples of what you have observed. Make your observations as objective and neutral as you can; for example, "Sarah fussed this week every time someone tried to use her favorite toy," rather than

"Sarah has been a lot of trouble because she won't share."

The article on "Arranging Space," from Fairfax County Office for Children will be useful mostly in planning the care of preschool and school-age children. The "Infant Center Curriculum" chart has many good ideas on how to adapt and plan your environment for the needs of infants and toddlers.

Early childhood is a time of constant change and growth -- a child's first flowering from infancy to active participation in the world. There is no other stage of life in which a person develops so dramatically.

In the first five years, a child learns to crawl and walk, run and climb, talk and listen, explore and think -- and most of all, a child learns to love and trust other people. In this brief time, much of the groundwork is laid for who the child will become in life.

As a family day care provider, you will play a very important role in the lives of the children for whom you care. Children need the care of consistent, dependable adults -- not only their parents, but also caregivers and role models like you. By spending many daytime hours with a child, you may become second only to the child's parents as a source of knowledge, guidance and affection. You will be present for many of the milestones in the child's physical, intellectual, social and emotional development. And you can make a great difference in helping a young child become ready to go to school.

Yet this doesn't mean that your day care home should become a little "school" itself. The most important thing you can offer in family day care is a warm and loving home environment.

While older children and adults can learn by studying, or by sitting still and listening for long periods of time, young children can't. They learn with their whole bodies -- by seeing, touching, hearing, smelling and tasting new things. They need time to be active and noisy, as well as time to be calm and quiet; time to make friends, and time to be alone. They need interesting materials and activities that are appropriate for their stage of development. They need to pretend and to imagine.

More than anything else, **young children need time and room to play -- playing is how they learn.** Play is how the child explores, experiments, solves problems, expresses thoughts and feelings, and relieves fears. Play is the child's "work", and it is the foundation of all later learning in life. By paying close attention to the children and observing how they play, you will be able to plan activities that are based on their individual interests and needs. ■

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from Family Day Care Classroom Training Guide, *by Fairfax County Office for Children, Fairfax, VA*

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from Family Day Care Provider's Training Instructor's Manual, *by Community Coordinated Child Care, Madison, WI*

"The School-Age Child in the Family Day Care Home" 347
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"Caring for Children of Different Ages" 351
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"Helping Young Children Grow Through Play" *
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by Cooperative Extension

"Learning Through Moving" 365
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"Field Trip Guide for Young Children" 371
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by Cooperative Extension

"Read to Me, Please!" 375
from Family Day Caring, *September/October 1990*

"Helping Young Children Get Along Together" *
by Cooperative Extension

"Guidance and Discipline for Young Children" *
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"Guidance and Discipline" *
from Family Daycare Exchange, *Iowa State University, Ames, IA*

"Helping Children Master Separation" 377
from Texas Child Care Quarterly, *Fall 1985*

"Biting: Just Say 'NO!'" 383
from Texas Child Care Quarterly, *Fall 1992*

"Apples Are for Biting, Not People" 385
from So This Is Normal, *by Audrey S. Robertson*

"Toilet-Teaching" 387
from Parents Magazine, *June 1983*

"TV: When to Turn It On - and Off" 389
by Judy David, Bank Street College, New York, NY

"Helping Children Love Themselves and Others" 391
from Helping Children Love Themselves and Others: A Professional Handbook for Providers, *by the Children's Foundation, Washington, DC*

"10 Quick Ways to Analyze Children's Books for Racism and Sexism" 399
from Helping Children Love Themselves and Others: A Professional Handbook for Providers

Further Reading

1,2,3...The Toddler Years, by Irene Van der Zande. Santa Cruz Toddler Care Center, 1738 16th Ave., Santa Cruz, CA 95062.

Active Learning Series, by Debby Cryer, Thelma Harms and Beth Bourland. Redleaf Press, 450 N. Syndicate, Ste. 5, St. Paul, MN 55104.

Ages and Stages: Developmental Descriptions and Activities - Birth Through Eight Years, by Karen Miller. Telshare Publishing Co., P.O. Box 679, Marshfield, MA 02050.

Anti-Bias Curriculum: Tools for Empowering Young Children, by Louise Derman Sparks and the ABC Task Force. Natl. Assoc. for the Education of Young Children (NAEYC), 1834 Connecticut Ave., N.W., Washington, DC 20009-5786.

BANANAS' handouts and publications:

- *Can I Care For A School-age Child?*
- *Some Thoughts On Toy Buying and Toy Safety*
- *Mini Art Guide*
- *Why Fingerplays?*
- *Geoboard*
- *Baker's Dough Ornaments*
- *Baby Briefs*
- *The Up-Hill Struggle - Getting Children To Clean Up Their Rooms*
- *Kindergarten Blues*
- *De-Horrifying Halloween*
- *Holiday Colors, Red and Green or Just Plain Blue*
- *Bah, Humbug!*
- *Birthday handout*
- *Setting Limits*
- *Living with Ones and Twos*

By BANANAS, Inc., 6502 Telegraph Ave., Oakland, CA 94609.

Better Baby Care: A Book for Family Day Care Providers, by Margaret Nash and Costella Tate. Published by the Children's Foundation, 725 15th St., N.W., Ste. 505, Washington, DC 20005.

Black Children: Their Roots, Culture, and Learning Styles, by Janice E. Benson-Hale. The Johns Hopkins University Press, 701 W. 40th St., Baltimore, MD 21211.

The Block Book, by E.S. Hirsch. Published by NAEYC.

Bright Ideas for Early Years, by Scholastic Inc. Series of paperback books on working with 3- to 6-year-olds:

- *Science Activities*
- *Beginning to Read*
- *Action Rhymes and Games*
- *Technology Activities*
- *Outdoor Play*
- *Seasonal Activities Spring and Summer*

Sold individually or together. Scholastic Inc., P.O. Box 7502, Jefferson City, MO 65102.

Caring Spaces, Learning Places: Children's Environments That Work, by Jim Greenman. Available through Redleaf Press.

The Case for Mixed-Age Grouping in Early Education, by Lillian G. Katz, Demetra Evangelous and Jeanette Allison Hartman. Published by NAEYC.

Culture and Children, by Texas Dept. of Human Services, P.O. Box 2960, Austin, TX 78769.

Culturally Sensitive Caregiving, (video), by Ron Lally. California State Department of Education, P.O. Box 271, Sacramento, CA 95802-0271.

Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8, by Sue Bredekamp. Published by NAEYC.

Don't Move the Muffin Tins, by Bev Bos. Turn The Page Press, 203 Baldwin Ave., Roseville, CA 95678.

Explore and Create: Activities for Young Children, by Natl. Assoc. for Family Day Care (NAFDC), 725 Fifteenth St., N.W., Ste. 505, Washington, DC 20005-2109.

Family Day Care Activities From A to Z, by Joan Prestine. Fearson Teacher Aids, 1204 Buchanan St., P.O. Box 280, Carthage, IL 62321.

Feeling Strong, Feeling Free: Movement Exploration for Young Children, by Molly Sullivan. Published by NAEYC.

Finger Frolics, by Liz Cromwell. Available through Redleaf Press.

Getting Along With Children, by Canadian Mothercraft Society, 32 Health St., West, Toronto, Ontario, M4V 1T3.

Growing Through Play, by Canadian Mothercraft Society.

A Guide to Discipline, by Jeannette Galambos Stone. Published by NAEYC.

Helping Children Love Themselves and Others: A Professional Handbook for Family Day Care, by The Children's Foundation.

Helping Children Love Themselves and Others: Resource Guide to Equity Materials for Young Children, by The Children's Foundation.

Helping Young Children Develop Through Play, by Janet K. Sawyers and Cosby S. Rogers. Published by NAEYC.

How to Generate Values in Young Children: Integrity, Honesty, Individuality, Self-Confidence, and Wisdom, by Sue Riley. Published by NAEYC.

Infant, Toddlers and Caregivers, by Janet Gonzalez Mena and Dianne Widmeyer Eyer. Available through Redleaf Press.

Invitation to Play, by Jenny Lange and Connie Zicker. Wisconsin Dept. of Public Instruction, Bulletin No. 7295, P.O. Box 7841; Madison, WI 53707-7841.

Learning Line: A Child Development and Activity Series, by 4Cs of San Mateo County, Inc., 700 S. Claremont, Ste. 107, San Mateo, CA 94402.

Learning Through Play, published by Scholastic Pre-K Today. Series of eight paperback professional guides with easy-to-use "Activity Plans":

- *Language*
- *Math*
- *Cooking*
- *Music and Movement*
- *Blocks*
- *Dramatic Play*
- *Art*
- *Science*

Sold individually or together.

The Kid's Nature Book, by Susan Milord. Available through Redleaf Press.

More Than the ABCs: The Early Stages of Reading and Writing, by Judith A. Schickerdanz. Available through NAEYC.

Mudpies to Magnets: A Preschool Science Curriculum, by Robert A. Williams, Robert E. Rockwell and Elizabeth A. Sherwood. Gryphon House, P.O. Box 275, Mt. Rainier, MD 20712.

Music: A Way of Life for the Young Child, by Kathleen M. Bayless and Marjorie E. Ramsey. Available through Redleaf Press.

My First Garden Book, by Angela Wilkes. Available through Redleaf Press.

The Piaget Handbook for Teachers and Parents, by Rosemary Peterson and Victoria Felton-Collins. Teacher's College Press, 1234 Amsterdam Ave., New York, NY 10027.

A Piaget Primer: How a Child Thinks, by Dorothy Singer and Tracey Revenson. Available through Redleaf Press.

Play Activities: Activities by Child Care Providers, by Rogue Comm. College. Family Resources Dept., 3345 Redwood Highway, Grants Pass, OR 97527.

Play in the Lives of Children, by Cosby S. Rogers and Janet K. Sawyers. Published by NAEYC.

Ready-to-Use Activities for Before and After School Programs, by Verna Stassevitch, Patricia Stemmler, Rita Shotwell and Marian Wirth. Available through Redleaf Press.

Reducing Stress in Young Children's Lives, by Janet Brown McCracker. Published by NAEYC.

School-Age Children with Special Needs: What do they do when school is out?, by Dale Fink. School-Age Notes, P.O. Box 40205, Nashville, TN 37204.

School-Age Ideas and Activities for After School Programs, by Karen Haas-Foletta and Michele Cogley. Published by School-Age Notes.

Scribble Cookies, by Mary Ann Kohl. Available through Redleaf Press.

The Sharing Book for Family Daycare Providers - Ideas from the Family Daycare Providers of Central Massachusetts, edited and published by the Natl. Council of Jewish Women, Worcester Section, 633 Salisbury St., Worcester, MA 01609.

Teachables From Trashables, by C. Emma Linderman. Published by Redleaf Press.

Things to Do with Toddlers and Twos, by Karen Miller. Published by Telshare Publishing Co.

Think of Something Quiet, by Clare Cherry. Available through Redleaf Press.

Toilet Learning, by Alison Mack. Available through Redleaf Press.

Understanding One Another, by Canadian Mothercraft Society.

A Very Practical Guide to Discipline With Young Children, by Grace Mitchell. Telshare Publishing Co.

Win the Whining War and Other Skirmishes, by Cynthia Whitham. Perspective Publishing, Inc., P.O. Box 41064, Los Angeles, CA 90041.

The Winning Family: Increasing Self-Esteem in Your Children and Yourself, by Dr. Louise Hart. Available through NAFDC.

Infant Center Curriculum

This chart shows how to set up both the physical and the social environment to promote development. Rather than emphasize the age of the child, we have emphasized the developmental sequence, since rates of development vary a great deal among normal children.

LEVEL I: The beginning of life.

Area of development	**Physical environment**	**Social environment**
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Large muscles • infant's primary task is head control • lifts head briefly • can turn head to clear nose for breathing • most arm and leg movements are reflexive and are not under infant's conscious control *Small muscles* • cannot control hands—often keeps them clenched • grasps whatever is put into hands because of reflexive action • stares at objects, especially faces; begins to coordinate eyes	• crib or bassinet, a place to feel secure while sleeping • mat, rug, or blanket in a safe space to lie unencumbered; room to move around • few toys needed yet as environment is stimulating enough • faces are interesting, and so is a bright-colored scarf • don't put rattles or toys into his hands, since he can't let go of them	• use sensitive observation to determine infant's needs • provide a feeling of security when necessary (wrap the infant in a blanket and put him in a small enclosed space) • let infant experience wide open space like the floor at times • provide peace and quiet and a minimal amount of stimulation—he'll get enough with the people he associates with (caregiver and other children) • put him in a safe spot where he can be part of the center but not overstimulated

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LEVEL I (Cont.)

Area of development	**Physical environment**	**Social environment**
EMOTIONAL/SOCIAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Feelings and self-awareness • infant shows only satisfaction or dissatisfaction • infant does not differentiate self from the rest of the world *Social* • may smile • make eye contact • is soothed by faces • responds to being held	• infant needs to be where he is safe and secure and his needs can be easily met • large pen provides safety from more mobile toddlers (should be large enough to hold both adults and children)	• call infant by name • encourage infant to focus on caregiving tasks • respond to infant's messages and try to determine real needs (remember that dissatisfaction is not always due to hunger) • provide for attachment needs by having a consistent caregiver • hold during feeding • give infant opportunity to be in contact with other infants
INTELLECTUAL • can coordinate eyes and follow objects or faces as they move • responds to faces or objects he sees • sucks and gums objects that come near his mouth • displays reflexes that are the beginnings of the sensory skills which in turn provide the basis for the development of intellectual skills	• infant needs an interesting yet safe environment with a limited variety of soft, washable, colorful toys to be looked at or sucked on (be sure there are no small parts to come off and be swallowed) • allow space for infant to move freely (though he can't yet go anywhere) • don't prop in infant seat or other restrictive device	• minimum adult interference infant should be free to develop at his own rate • give him faces to look at (especially that of his primary caregiver) and opportunities to see, touch, and gum objects • don't force anything on him • put him on his back occasionally
LANGUAGE • listens • cries • responds to voices	• at this level people are more important for language development than is physical environment • set up environment so that infant's needs are easily met and he doesn't have to wait for long periods of time	• listen to the infant • try to interpret his cries • talk to infant, especially during caregiving times: tell him what will happen, give time for a response; tell him what is happening as it happens

LEVEL II: The stage of development of many normal infants around the third month of life.

Area of development	**Physical environment**	**Social environment**
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Large muscles • beginning to lose reflexes and have voluntary control of arms and legs • can lift head and control it better when held in upright position *Small muscles* • grasp reflex no longer takes over hands all the time • reaches for objects with both arms but with hands fisted • swipes and misses	• large playpen—big enough for caregivers and several infants • variety of washable objects within reach of infant for him to look at and stretch for • rug or mat for infant to lie on (no infant seats or other restrictive devices)	• sit with child periodically and watch attentively • respond when called for • don't continually distract with unnecessary noise or talk: entertainment isn't necessary • allow infant freedom to explore through looking, sucking, stretching, and reaching
EMOTIONAL SOCIAL *Feelings and self-awareness* • shows wider variety of feelings and uses voice to express them • begins to see hands and feet belong to him and begins to explore them, as well as face, eyes, and mouth, with hands • begins to recognize primary caregiver • responds differently to different people • coos and babbles when talked to	• mirrors are responded to and begin to give the child a self-image	• provide for attachment needs as infant needs to develop a primary relationship • recognize and respect feelings of infant: talk about what infant seems to be expressing, especially during caregiving
INTELLECTUAL • responds to what he sees • attends longer than at first • looks from one object to another • can hold object on his own and manipulate to some extent • gives signs of remembering • when he hears a noise, he looks for the source • looks and sucks at the same time, but has to stop sucking to listen	• some interesting toys and objects for the infant at this level of development are: bright scarves soft balls rattles squeeze toys plastic keys large plastic beads	• encourage exploration and curiosity by providing a variety of small objects of different textures, shapes, and sizes • allow child freedom and peace to explore by putting him on his back in a safe area large enough for him to move freely • provide for interaction with other infants

LEVEL II (Cont.)

Area of development	**Physical environment**	**Social environment**
LANGUAGE	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
• listens attentively • coos, whimpers, gurgles, and makes a variety of other sounds • cries less often • "talks" to self as well as to others, particularly primary caregiver	• people are still more important than equipment or objects for language development • some toys do give auditory experiences—let him try making noise with bells, rattles, and squeaky toys	• talk to infant, especially during caregiving routines—prepare him ahead of time for what is going to happen • respond to babbling and cooing, play sound games with the infant

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LEVEL III: The stage of development of many normal infants around the sixth month of life.

Area of development	**Physical environment**	**Social environment**
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Large muscles • has control of head • turns from back to stomach and stomach to back • may move from place to place by rolling • may creep or inch forward or backward • may almost get to sitting position while rolling over	• needs more open space and freedom than before • needs a variety of textures under his body—hard floor, rugs, grass, wooden deck, etc. • needs interesting objects to move and reach toward • place objects far enough from him so that he has to work to get them	• provide plenty of room and motivation for moving around as well as manipulating and grasping objects • provide for interaction with other infants • don't put infant into positions he can't get into by himself
Small muscles • reaches with one arm and can grasp at will • holds objects and manipulates them • can grasp with thumb and forefinger but not well yet • changes objects from one hand to the other		

LEVEL III (Cont.)

Area of development	Physical environment	Social environment
EMOTIONAL/SOCIAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Feelings and self-awareness • displays a wider variety of feelings • smiles at self in mirror • is becoming aware of body parts • sees difference between self and rest of the world • responds to name • has taste preferences • may want to start self-feeding	• safe space large enough for exploration and social interactions will promote relationships	• talk to infant, especially during caregiving, place special emphasis on naming body parts • call child by name • encourage child to take over self-help skills as he is able
Social • may respond with fear to strangers • calls to primary caregiver for help • enjoys games with people like peek-a-boo		• provide for attachment needs and let child use primary caregiver to provide security in presence of strangers • play games like peek-a-boo
INTELLECTUAL • is visually alert a good part of waking hours • recognizes familiar objects • can see and reach for an object he wants • can pick up and manipulate objects • looks for dropped objects • can use several senses at once • memory is developing	• infant continues to enjoy all the toys and objects listed in Level II under Intellectual Development • can now appreciate a wider variety of objects at once • place objects around a safe area so that he has reason to move around and reach for them	• allow child freedom to explore • change or rearrange objects in the environment periodically • provide for interaction with other infants
LANGUAGE • responds to different voice tones and inflections • has more control of sounds produced • uses a variety of sounds to express feelings • imitates tones and inflections	• cloth or cardboard books	• respond to child's communication • talk to child especially during caregiving routines • during play times, comment on what the child is doing if appropriate (be careful not to interrupt so the words get in the way of the experience)

LEVEL IV: The stage of development of many normal infants around the ninth month of life.

Area of development	Physical environment	Social environment
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Large muscles • crawls • may crawl stiff legged • may crawl while holding object in hand • pulls to stand on furniture • may stand alone • may or may not be able to get back down from standing • gets into sitting position • may move along holding onto furniture	• infant needs more room to explore—a greater variety of objects, textures, experiences, toys • plastic or wooden cars and trucks, play or real telephones, blocks, dolls, balls of different sizes, nesting toys • pillows and low platforms (or steps) can be added to the environment to provide a variety of levels for the child to explore • rails or low furniture needed for standing or cruising	• watch for child who stands up but can't sit back down; help when he indicates he is stuck • be sensible about helping the child who gets stuck: don't rescue; but promote problem solving • provide open space and safe climbing opportunities • allow child to explore with little adult interference • encourage infant to use manipulative skills, such as pulling off socks, opening doors, taking apart nesting toys, etc.
Small muscles • can pick up small objects easily with thumb and forefinger • explores and manipulates with forefinger • growing in eye-hand coordination		
EMOTIONAL/SOCIAL		
Feelings and self-awareness • recognizes self in mirror • clearly attached to primary caregiver and may fear separation from him or her • rejects things he doesn't want		• provide enough of a schedule for infant to come to anticipate the sequence of events • allow opportunities for uninterrupted concentration • encourage problem solving • don't help until he's really stuck • allow him to discover the consequences of his behavior whenever it is safe to do so
Social • feeds self biscuit • drinks from cup holding handle • is usually a willing performer if asked • is becoming sensitive to and interested in the moods and activities of others • teases • anticipates events	• needs the tools for self-help skills such as cup and spoon	

LEVEL IV (Cont.)

Area of development	**Physical environment**	**Social environment**
INTELLECTUAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
• remembers games and toys from previous days • anticipates return of people • can concentrate and not get interrupted • pulls cover off toy he has seen hidden • enjoys taking things out of container and putting them back • solves simple manipulative problems • interested in discovering the consequences of his behavior	• the objects and toys listed under physical development are also appropriate for promoting intellectual development • also provide interesting and safe objects from the adult world: pots, pans, wooden spoons, and junk such as discarded boxes, both big and little (infants appreciate real objects as much as toys)	• provide the opportunity for infant to become self-assertive • help child to interpret the effect of his actions on others • give plenty of opportunities for child to develop self-help skills • help child express separation fears, accept them, and help him deal with them • provide for attachment to primary caregiver • provide good models for child (adults who express honest feelings, neither minimized nor exaggerated)
LANGUAGE		
• pays attention to conversations • may respond to words other than own name • may carry out simple commands • uses words such as "mama" and "dada" • has intonation • may repeat a sequence of sounds • yells	• appreciates a greater variety of picture books	• include infant in conversation • don't talk about him if he's present until you include him (especially important at this stage) • promote interactions with other infants • respond to infant's sounds • encourage use of words • ask questions the infant can respond to

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LEVEL V: The stage of development of many normal infants around the first year of life.

Area of development	**Physical environment**	**Social environment**
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Large muscles • can stand without holding on • may walk but probably prefers to crawl • climbs up and down stairs • may climb out of crib	• needs lots of space both indoors and outdoors to enjoy crawling and practice walking • needs lots of objects to manipulate, explore, and experiment with	• provide for safety and plenty of movement • don't push child to walk; allow him to decide when he is finished with crawling

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LEVEL V (Cont.)

Area of development	**Physical environment**	**Social environment**
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Small muscles • may use both hands at the same time for different things • uses thumb well • shows preference for one hand • may undress self or untie shoes	• the beginning walker will soon enjoy push-and-pull toys	
EMOTIONAL/SOCIAL *Feelings and self-awareness* • shows wide variety of emotions and responds to those of others • fears strangers and new places • shows affection • shows moods and preferences • may know difference between his possessions and others' *Social* • feeds self • helps dress self • obeys commands • seeks approval but is not always cooperative	• objects are less important than people	• provide for self-help skills • acknowledge his possessions and help protect them • give approval • set reasonable limits • accept uncooperative behavior as sign of self-assertion • give choices • return affection • accept and help him deal with fears and frustrations
INTELLECTUAL • is good at finding hidden objects • memory is increased • solves problems • uses trial and error method effectively • explores new approaches to problems • thinks about actions before doing them (sometimes) • imitates people who are not present	• children at this level enjoy most of the toys and household objects already mentioned but use them in more sophisticated ways • also enjoy large beads to string, large Lego blocks, small building blocks, stacking cones, wooden snap trains, etc.	• promote active problem solving • provide for interaction with other children • set up environment so that child sees new and more complex ways to use toys and equipment

LEVEL V (Cont.)

Area of development	**Physical environment**	**Social environment**
LANGUAGE	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
• knows words stand for objects • begins to sound like he speaks the language of his parents (uses same sounds and intonations) • uses gestures to express self • may say two to eight words	• toy telephones, dolls, and books promote language development at this level • any toy can become a reason to talk as the child plays • music promotes language development	• promote interaction among children; children learn to talk from adults, but they practice as they play with other children • give simple instructions • play games with child • sing songs and do finger plays • encourage expression of feelings • fill in missing words and expand utterances for child when responding

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LEVEL VI: The stage of development of many normal children around the eighteenth month of life.

Area of development	**Physical environment**	**Social environment**
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Large muscles • walks fast and well • falls seldom • runs awkwardly • walks up stairs holding a hand *Small muscles* • can use crayon to scribble as well as imitate marks	• needs room to walk and run • enjoys taking walks if adult isn't too goal oriented • enjoys plenty of sensory experiences such as water play and scribbling	• keep the environment full and interesting; may need to change arrangement periodically and introduce new toys • promote interactions among children • allow for enough physical exercise
EMOTIONAL/SOCIAL		
• imitates adults in dramatic play • interested in helping with chores • interested in dressing process; can undress to some extent • may be beginning to get some bladder and bowel control	• provide the tools for dramatic play such as dress-up clothes, dolls, housekeeping equipment, dishes, etc.	• allow child to help as he is able • set limits and gently but firmly enforce them • enourage self-help skills • help children with their interactions and help them talk through aggressive situations

LEVEL VI (Cont.)

Area of development	**Physical environment**	**Social environment**
INTELLECTUAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
• can begin to solve problems in his head • rapid increase of language development • beginning of ability to fantasize and role play	• provide a variety of toys available on low shelves for child to choose • a child of this level enjoys small people and animals, doll houses, containers filled with small objects, measuring cups and spoons, etc.	• provide a number of choices for each child • help child to work on a problem uninterrupted • encourage use of language
LANGUAGE		
• may use words to gain attention • can indicate wants with some words and lots of gestures • may know ten or more words • enjoys picture books	• books with clear and simple pictures	• provide a variety of experiences and help child put language to them • ask questions and encourage child to ask them too • read aloud

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LEVEL VII: The stage of development of many normal children around the second year of life.

Area of development	**Physical environment**	**Social environment**
PHYSICAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
Large muscles • runs well • walks up and down stairs • kicks and throws a ball	• child of this level can begin to use some of the equipment found in nursery schools, including crayons, paints, manipulative table toys, clay, and play dough	• allow for plenty of physical and sensory experiences • encourage child to find new ways to combine and use familiar toys and equipment • offer choices
Small muscles • holds spoon, fork, and cup well but may spill • can use a paint brush	• field trips and excursions on simple level help expand the two-year-old's world beyond the center	

LEVEL VII(Cont.)

Area of development	**Physical environment**	**Social environment**
EMOTIONAL/SOCIAL	*APPROPRIATE TOYS AND EQUIPMENT*	*ADULT ROLE*
• understands personal property concepts ("That's mine—that's Daddy's.") • tends to hoard possessions—doesn't share • asserts independence ("me do it!") • takes pride in accomplishments • can completely undress and partially dress self • may say "no" even to things he wants	• provide space for personal possessions (cubbies or boxes)	• respect child's need to hold on to his possessions • model sharing rather than require it • allow child to try things by himself, even when you know you can do it better or faster • help him have accomplishments he can take pride in
INTELLECTUAL		
• language development is dramatic • memorizes phrases of songs • can identify pictures of common objects • can obey two simple commands without visual clues (if he wants to) • can work simple puzzles	• provide books, puzzles, records in addition to toys listed under Physical Development	• provide a variety of choices of materials to use and ways to spend time • give freedom to use materials in creative ways • allow exploration
LANGUAGE		
• uses personal pronouns (I, me, you) but not always correctly • refers to self by name • uses two- and three-word sentences • may know as many as 50 to 200 words • talks about what he is doing	• provide a good variety of books (child can use them carefully) • pictures at child's eye level around the room, changed often, gives child something to talk about	• encourage conversation both between children and between child and adult • help child to speculate ("I wonder what would happen if . . .") • go places and talk about what you do and see • encourage verbalization of feelings and wants • help children begin to talk out differences instead of solely relying on hitting, kicking, and other negative physical behaviors

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TODDLERS: A VERY SPECIAL AGE GROUP

Janet Gonzalez-Mena

Consider this description of toddlers: They don't sit still for a minute. They are always on the move and have short attention spans. They are highly distractable. They don't respect materials. They don't share or wait their turn very well.

Now contrast this description of toddlers: They are active explorers who are interested in nearly everything you offer. They eagerly try things, using materials in ways you never thought of. They have a strong sense of possession.

The first description compares toddlers with children who are older and fit into a preschool environment. The second description looks at the way toddlers are, without comparing them to older children. The first description is negative, the second description is positive.

Perspective is important. The family day care provider who looks at toddlers as overgrown babies finds them less cuddly, more trouble, and maybe downright irritating as they yell "no" and run in the opposite direction. Many of the ways of handling them that worked when they were younger no longer work. Distraction isn't as effective, since they have learned what psychologist Jean Piaget calls "object permanence," and "out of sight, out of mind" no longer applies. They continue to remember that you put a forbidden object in the other room and they fuss about it.

But looking at the toddler as an underdeveloped preschooler presents even more problems. Any kind of structured activity you think up becomes chaos as toddlers explore in their own way, instead of doing what you have in mind. Puzzles end up dumped, group times get constantly interrupted, verbal orders are ignored as toddlers do what they want instead of what you want.

If you look at toddlers as children who are in a very special stage, you have a different perspective. They don't have very short attention spans; they are active explorers who are interested in everything around them. They go from one thing to the next because of this intense interest. They try things in new ways that no one ever thought of, in ways that haven't even been invented yet. (This creativity is sometimes called "disrespect for materials"). They don't share well, because they are just getting a sense of possession. Toddlers' language shows this growing sense of self awareness and possession; "me-mine" is a favorite toddler phrase.

Toddlers are in Piaget's Sensorimotor state of development - meaning that they learn with their bodies, not with their heads. They use their muscles constantly -- running, rolling, tumbling, climbing are not things saved for the outdoors, but part of their regular activity. They problem-solve with their bodies, not their heads. Some of the activities they enjoy most are sources of annoyance to adults who think they are being mean rather than natural.

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Dumping is an example of these activities. Toddlers are drawn to dumping out containers of objects, and though they may also pick them up, they are likely to dump the whole box out all over again as soon as they have refilled it. By recognizing this dumping tendency as natural, you can either provide for it or prevent it, by making available no more things to be dumped than you can feel comfortable with.

Toddlers make everything a sensory experience. Handwashing is not something to be done for sanitation purposes but is a chance to explore the properties of soap, water, suds, paper towels, and even plumbing if you aren't careful. If your bathroom isn't the place for this, you can provide dishpans in the kitchen on absorbent bathmats, or out on the patio in warm weather with buckets, and maybe even big paint brushes to "water paint" on the cement. If water play isn't right for you, then you can at least let a toddler indulge in prolonged handwashing when possible. One way or another, a toddler will find sensory experiences and you can make it easier for both of you if you guide it in ways you can tolerate.

Erik Erikson says toddlers are in the stage of "autonomy," which means that they are moving toward self-help skills. The infant who was content to let you do things he or she couldn't do, becomes the toddler who screams at you "me do it" even when he or she is fumbling like mad at the task. All those "no's" are part of this striving for autonomy, as the toddler seeks to find the limits of his or her power and separateness.

Family day care providers who care for toddlers can do some things to make life better for themselves and the children they care for:

1. Structure the environment. Don't make available more than you can stand to pick up, but have enough around to provide something to do. Bored toddlers are as difficult as overstimulated ones.

2. Provide for lots of moving around (gross motor play) inside as well as outside. Softness helps this -- foam mats to roll on, cushions to climb on. Obviously you can't have a whole gym inside your house -- but creative thinking will help you provide some outlet for these natural impulses to use the whole body.

3. Expect toddlers to test limits. That's their job. The more the environment provides the limits, the easier your job will be. Put up gates and fences, rather than making rules whenever possible.

4. Stay out of power struggles. Give plenty of choices. Toddlers can be very stubborn and you'll spend a lot of energy butting heads with them if you don't think of ways to avoid that. Choices are the answer. "I won't let you walk around eating, but you can sit either in the blue chair or the red chair."

5. Use physical guidance -- don't just issue commands. A child climbing on the TV needs a firm hand, not an order. Some toddlers will respond to verbal orders, but most will not. Holding back an upraised hand stops the hitting before it happens, and is far more effective than yelling and then dealing with the deed afterwards.

6. Expect sensory motor behavior. Don't have things around that can't take handling (or even mouthing). Toys and materials need to be sturdy enough to be explored in many ways.

7. Expect difficult behavior such as fighting over toys, resisting you, rejection, anger, and crying when mom leaves. Of course all toddlers don't do these all the time, but some will some of the time and it is important that they be regarded as normal and natural. Acknowledging that will help you deal more calmly with them, making good decisions about how to handle each situation as it arises. Toddler behavior often triggers adult anger, which is also normal and natural, except that a furious day care provider is not able to handle a difficult situation as effectively as a calm one.

8. Realize that your home is a "learning place" even though you aren't doing school-like activities with your toddlers. They are learning coping skills, attachment and separation, how to handle their bodies, language, concepts and numerous other skills and developmental tasks. They are learning all this while they are playing, eating, sleeping, and being cared for at your house. You don't have to do anything at all that looks like school in order for your toddler to learn.

Toddlerhood is a special period during which children have special needs. Caregivers who recognize and meet these special needs not only tolerate this age group, but genuinely like it.

Janet Gonzalez-Mena is an instructor in Early Childhood Education at Napa Valley College and the co-author, with Dianne Widmeyer Eyer, of Infancy and Caregiving (Palo Alto, California: Mayfield Publishing Company, 1980).

Developmental Characteristics

The following characteristics illustrate the average age range in which children acquire developmental skills. It is important to remember that within each range individual children will acquire skills at different times and that children of the same age will differ in their rates of development. The ranges presented are *approximate* time ranges rather than exact ages at which these skills are acquired. Only a portion of the many skills children acquire is included to give an overview of the developmental process.

INFANTS

Birth to 3 Months

Intellectual Development:

- Look at patterns such as shapes or faces.
- Stare or swat at a moving object.
- Connect people with events, such as mother with bottle.

Language Development:

- Babble and coo.
- Cry when something is wrong.
- Respond to sounds with gestures or by making sounds.

Physical Development:

- Explore by looking, swatting, grasping, mouthing.
- Suck.
- Follow objects with eyes.
- Bring fists together.
- Begin to roll over.
- Raise head while lying on back.

Social-Emotional Development:

- Smile at faces or voices.
- Smile or babble when held, rocked, played with.
- Show discomfort by crying or tensing the body.

3 to 6 Months

Intellectual Development:

- Tell the difference between family and others.
- Recognize bottle.
- Repeat actions which cause toys to move or make a noise.
- Look for and uncover a partially hidden toy.

Language Development:

- Try to imitate some sounds.
- Make sounds to get your attention.
- Make more varied sounds, e.g., grunts, high sounds.

Physical Development:

- Balance head.
- Reach with both hands.
- Pull to a sitting position and sit alone for a short while.
- Put fingers and objects in their mouths to explore.
- Hold onto bottle while being fed.

Social-Emotional Development:

- Smile at reflection in the mirror.
- Laugh and make noises to show pleasure.
- Cry in different ways to express different needs, e.g., food or dry diaper.
- Smile and hug to show affection.

6 to 9 Months

Intellectual Development:

- Repeat action to perfect it.
- Uncover a hidden toy.
- Shake or move an object to make noise.

Language Development:

- Say, "da-da," "ma, ma."
- Babble to themselves and familiar persons.
- Copy mouth and lip movements.
- Imitate sounds and gestures more accurately.

Physical Development:

- Sit without support.
- Crawl and pull to a stand by holding on to furniture.
- Feed themselves finger food and hold their bottles.

Social-Emotional Development:

- Reach out toward and pat reflection in mirror.
- Push away something not wanted.
- Participate in games such as "peek-a-boo."
- Begin to imitate play with adults.

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9 to 12 Months

Intellectual Development:

- Explore nearby areas more thoroughly
- Try to name familiar people.
- Dump objects out of a box or can
- Look at pictures in a picture book.
- Remember games played before.

Language Development:

- Combine words and gestures; e.g., "bye-bye."
- Imitate sounds things make, e.g., "choo-choo."
- Stop doing something when told "no."

Physical Development:

- Crawl.
- Stand alone and walk holding on to furniture or adult.
- Eat messily with a spoon and feed themselves small pieces of food.
- Open drawers and cupboards.
- Pick up small objects with thumb and first finger.

Social-Emotional Development:

- Play "pat-a-cake."
- Respond to their own names.
- May cling to a familiar person if a stranger is present.
- Show hurt feelings when scolded.

12 to 18 Months

Intellectual Development:

- Understand simple directions.
- Connect the order of events, such as food-wash-nap.
- Correctly use the names of familiar people and objects.
- Look for something in more than one place.
- Find new ways to get things done.

Language Development:

- Use "mama" and "dada" correctly.
- Put simple words together.
- Use one word to indicate needs, such as "milk" for "May I have some milk?"
- Imitate words.

Physical Development:

- Throw a ball.
- Walk up and down stairs with help.
- Pull clothes off.
- Use a spoon with less mess and drink from a cup with help.
- Build a tower of two blocks.

Social-Emotional Development:

- Watch children play and play beside other children
- Try to spend more time with others
- Show a sense of humor
- Show a preference for a toy
- Demonstrate anger by crying or fighting

TODDLERS

18 to 24 Months

Intellectual Development:

- Name familiar objects.
- Recognize themselves in a mirror.
- Recognize body parts on a doll.
- Fill a box or can with objects.

Language Development:

- Use two-word sentences.
- Follow simple directions.
- Ask simple questions.
- Follow simple commands.

Physical Development:

- Walk and run without falling.
- Climb and sit in a chair.
- Walk up stairs without help.
- Carry, push or pull a large toy.
- Build a tower of three blocks.
- Scribble with a crayon.
- Turn pages in a book.
- Chew solid foods.
- Use a spoon and drink from a small cup.
- Tell when they are wet or soiled and sometimes use the toilet when placed on it.

Social-Emotional Development:

- Show affection.
- Enjoy house play activities.
- Play beside other children but may not share easily.
- Show more independence in activities, decision-making, self-care.
- May slap, bite or hit and refuse to do what they are asked.

24 to 36 Months

Intellectual Development

- Take simple objects apart and put them back together.
- Develop longer memory span.
- Match colors, sizes, shapes or textures.
- Make simple choices.
- Know what some objects and body parts are used for.
- Begin to understand numbers.

Language Development:

- Use three-word sentences.
- Use words to show feelings and thoughts.
- Use language in more expressive ways.
- Listen to and memorize simple nursery rhymes.
- Use "me," "I" and "you."

Physical Development:

- Jump.
- Walk up and down stairs alternating feet.
- Kick a large ball.
- Make simple lines with a crayon.
- Build a seven to ten block tower.
- Pull on and take off simple clothes.
- Unzip clothes.
- Wash and dry hands, comb and brush hair.
- Stay dry all night.

Social-Emotional Development:

- Become frustrated easily.
- Protect their own belongings and show greater care for them.
- Imitate adult activities.
- Express pride in achievement.
- Show a sense of humor and enjoy surprises.

PRESCHOOLERS

3 Years

Intellectual Development:

- Put together five to ten piece puzzle.
- Draw a figure with a head and body.
- Count to five and count three objects.
- Show a greater awareness of time.
- Point out likenesses and differences.
- Understanding words of place.

Language Development:

- Speak in longer sentences.
- Use language to describe objects and events and to explain reasons for behaviors and events.
- Ask and answer questions beginning with "What?", "Who?" and "Why?"
- Use language in imaginative play and make-believe.
- Listen to longer stories.

Physical Development

- Build a tower of nine blocks.
- Walk downstairs without help.
- Jump from a bottom step.
- Do a forward somersault.
- Hammer nails and pegs.
- Draw simple forms and figures.
- Paint with a large brush.
- Unbutton, zip, lace shoes, dress and undress with some help.
- Brush teeth with help, wash face and hands.
- Express the need to use the toilet.

Social-Emotional Development

- Take turns and share.
- Play with a group of children.
- Show affection for younger children and choose a special friend.
- Express anger verbally.
- Select activities independently.

4 Years

Intellectual Development:

- Draw a person with detailed features.
- Put together a ten piece puzzle.
- Match letters to the letters in their name.
- Name colors, shapes and textures.
- Brush teeth, use the toilet.

Language Development:

- Act out and tell a story.
- Show pleasure in playing with word sounds and meaning.
- Give longer answers to simple questions.
- Use past tense.

Physical Development:

- Bounce a ball.
- Walk backwards.
- Jump over a low rope.
- Show greater eye-hand coordination; e.g., use sewing cards, string small beads.
- Button, lace, dress and undress.

Social-Emotional Development:

- Make demands for attention; e.g., showing off, expecting praise.
- Are easily encouraged or discouraged.
- Enjoy leadership roles but may criticize or appear bossy.
- Experiment and solve problems independently.
- Apologize easily.

KINDERGARTNERS

5 Years

Intellectual Development

- Show a definite purpose in using objects
- Count from 1 to 20.
- Print numbers one to five.
- Compare objects by size and weight
- Name shapes and days of the week

Language Development:

- Repeat nursery rhymes, poems or songs.
- Recall events in order.
- Follow three-step directions.
- Say their full names and addresses
- Use future tense.
- Pronounce words clearly and use sentences
- Use more words to express needs, fears, feelings, and ideas.

Physical Development:

- Skip, climb, march, gallop, hop.
- Bounce and catch a ball.
- Ride a tricycle.
- Balance on one foot.
- Enjoy finger plays.
- Work a 10—20 piece puzzle.
- Draw shapes from a model.
- Draw a human figure with features.
- Use a knife for cutting
- Try to tie and buckle shoes.
- Use the toilet independently.

Social-Emotional Development:

- Enjoy playing with other children but may prefer to be alone.
- Like to run errands.
- Take responsibility for their actions.
- Rarely quarrel.
- Respect another's belongings.
- Follow a leader and enjoy being a leader.

SCHOOL-AGE CHILDREN

6 to Puberty

Intellectual Development:

- Are more capable of organized learning and understand more fully concepts of time, distance, money, past and future.
- Begin to shift and sort information into categories
- Develop an interest in historical events, foreign lands and different cultures.
- Refine readiness skills in reading, numbers and writing
- Understand charts, graphs and diagrams, especially when making objects
- Organize collections
- Improve their reasoning and problem-solving abilities
- Develop an interest in learning special skills (music, sports, art or school work)

Language Development:

- Use more and more words to talk about people, things or their own feelings
- Criticize and complain in very clear terms
- Make puns and comical sayings with words and phrases
- Can be verbally aggressive when interacting with others.
- Are fascinated by rhymes, anagrams, codes and foreign words

Physical Development:

- Lose their baby roundness, are long-legged, and gain weight
- Write more clearly and try more detailed work.
- Develop a coordinated sense of balance
- Practice self-care habits; e.g., brush teeth, comb hair, dress independently
- Perform simple household tasks; e.g., empty baskets, sweep, wipe dishes
- Develop a sense of rhythm

Social-Emotional Development:

- Spend increasing amounts of time with others of their own age and sex
- Form clubs around friendships and neighborhood alliances
- Share secrets, handshakes and rituals with friends and club members
- Develop competitive feelings and the need to belong
- Strive to succeed in schoolwork and develop careful, consistent work habits
- Develop an active imagination and interest in creative, dramatic play
- Develop a strong sense of fair play
- Enjoy occasional independent activities, such as reading, watching television and organizing collections
- Generally prefer their own activities and pleasures to anything else
- Learn to control their emotions and may try to hide their needs and fears from adults

SEXUALITY

Perhaps no area of child development is more value-laden than that of the growing child's sexuality. Parents often have strong opinions about names for body parts (using very detailed and scientific names vs. using "made up" names that ease their own embarrassment) and the response to seeing children openly exhibit their sexual natures (an attitude of unconcern at genital play in public vs. absolute horror).

Your role as caregiver is to be:

1) as understanding of parent values as possible.
2) as "tuned in" to the children's needs for information as possible.
3) as aware of your own views on this issue as possible.

You can be especially helpful to parents if, when there are questions about sex, you pass along the area of concern and your response. In this way, parents will know you have a sensitivity to their values as well as good, sound information to help children. Also share with parents some of the books (picture and otherwise) that deal with sex, so they can also see what you are making available to children.

When moms of your day care children are pregnant, you can tune in to the child's questions - which may, depending on the age of the child, only have to do with where the new baby will sleep, not about reproduction or birth!

We cannot urge you enough to be matter-of-fact and clear in your own ideas about sexual behavior. Because you may care for children from a wide variety of family styles, you will undoubtedly run across many different ideas on subjects like masturbation, sexual activity, and reproductive information. Keeping a clear focus for yourself may be important as you help parents understand your own views. Where there is great difference between ideas, you may need to call a conference (without children present) and try to work out a compromise or other solution.

As with other aspects of child development, children's awareness of sexuality follows a general timetable rather than a strict time clock. Possibly the best way to approach children's questions is to ask a few questions yourself to find out what the child knows and believes. At each age children are able to begin to understand some of the ideas and information that they will grasp more easily at the next level of understanding.

Adapted with permission from Family Day Care Provider Training Instructor's Manual, Community Coordinated Child Care, Madison, Wisconsin, 1981.

Books are helpful for both adults and children in discussing topics related to sex. A few guidelines for choosing books are:

- Choose books with short, clear explanations and easy words. (Avoid lengthy descriptions.)
- Be aware that in some of the picture books, the diagrams and cross-sections of the human body might be beyond a preschooler's understanding.
- Books about animal and plant reproduction, such as cows, dogs, cats, birds and flowers, are often a helpful starting point, but it may also be necessary to point out the ways in which human reproduction is different, namely that we don't come from eggs or flowers.

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FEATURE

THE SCHOOL-AGE CHILD IN THE FAMILY DAY HOME

BY BONNIE JOHNSON

A bull in a china shop? A mother's helper? Just one more child? Providers who care for school-agers as well as pre-schoolers in their own home encounter definite differences and problems than those who care for just one age group.

A major concern expressed is: School-agers overpower the scene and pre-schoolers get lost in the shuffle. You know how this works...The school-age children are playing school in the living room (a favorite dramatic play activity of school-age children). The paper, the scissors, the glue, the pencils, the crayons, and the blackboard have been confiscated by the "teacher". The school-agers are excited, eager, enthralled with acting out teacher-student replays. And where are the pre-schoolers?..On the sidelines, eyes wide with wonder and envy - forbidden to participate by both the fast pace and by definite orders to stay out.

Why? Why do activities of school-age children overwhelm the pre-schoolers?

The main reason is school-age children have more power. 1.) They are physically larger and stronger. 2.) They have more ideas on ways to do things. Barbara Cloud, a family day home provider in Nashville, Tn., says that although their ideas (such as playing school) are great for giving new thoughts and concepts to the pre-schoolers, the school-agers' competency can also make the younger children feel inadequate. 3.) School-agers also have more power thru more developed verbal skills. They can express and do express what they want clearly and often vehemently. What can result is preschoolers watching on the sidelines or frustrated (crying, hitting, kicking) because they cannot compete in the same arena with the older children.

WHAT CAN YOU DO?

1. HAVE SEPARATE SPACES

* Have separate space and supplies that ONLY the school-agers can use.
* Have separate space and supplies that ONLY the pre-schooler can use.

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These separate spaces can be accomplished in variety of ways---you might have one bookcase or shelf or even a box decorated by the children; or you may have the luxary of a basement or den that can be designated for the school-age children.

2. OPEN-ENDED ACTIVITIES/MATERIALS

Provide activities/materials that are OPEN-ENDED; that is materials any child at any developmental level can use.

Examples are:

> Playdough...plain paper and crayons... water and empty containers of different sizes...sand...blocks...etc.
>
> The two year old can roll, pound and pinch playdough with unending joy and the nine year old can create star war heroes with the same material.

Each child creates and excels at their own level and can therefore be satisfied with both process and product.

3. HAVE CLEAR RULES

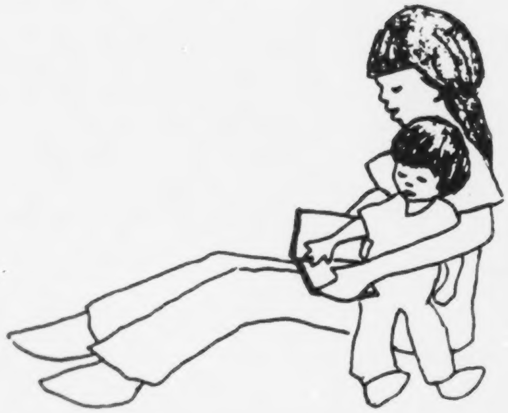
> School-agers can use the living room.
>
> Pre-schoolers can use the playroom.
>
> School-agers can use all the games on the top two shelves.
>
> Pre-schoolers can use all the toys on the bottom two shelves.
>
> School-agers can go outside to play during naptime after the pre-school children are all asleep.

School-agers love rules for a sense of order and fairness. They appreciate clear boundaries. Use this to your advantage!

4. MAXIMIZE SCHOOL-AGERS DESIRE TO DO REAL WORK.

Barbara Cloud makes a lists of chores to be done that day. She then has each school-ager choose one or two. Chores can include:

- Reading a story to three year old Johnny.
- Making frozen orange juice pops.
- Sweeping the floor.
- Washing and cutting the carrots.
- Making the playdough.
- Teaching 5 year old Todd to tie his shoes.



The school-ager taking care of a younger child in her home away from home---the family day home.

What are School-Age Children Like AND HOW Can You Provide for their Needs?

From "Caring for School-Age Children"

School-age children are growing in uneven spurts. SO ...
School-age children need to learn about good NUTRITION for sound HEALTH.

School-age children are still young. SO ...
School-age children need to feel a sense of SECURITY and belonging.

School-age children are inventive. SO ...
School-age children need FREEDOM with guidance.

School-age children are looking for rules. SO ...
School-age children need a STRUCTURE or routine to follow.

School-age children are self-conscious. SO ...
School-age children need COMPASSION, acceptance and understanding.

School-age children are maturing at different rates. SO ...
School-age children need adults who respect DEVELOPMENTAL DIFFERENCES.

School-age children are adventurous. SO ...
School-age children need CHALLENGES to hold their interest.

Information provided from article, "The Basics of School-Age Child Care," School Age Notes, September/October 1980. Reprinted with permission of author. For information, write School Age Notes, PO Box 120674, Nashville, TN 37212.

The
California
Child Care
Initiative
Project

Caring for Children of Different Ages

By Dan Bellm
California Child Care Resource & Referral Network

One of the challenges of family day care is having children of different ages together in your program - for instance, a baby, two three-year-olds and two seven-year-olds who come after school.

You'll find that many activities are flexible enough to allow children of different ages to participate together. For example, if you are making play dough or pretzels, a two-year-old will happily punch and roll the dough, just enjoying how it feels on her fingers, while a seven-year-old at the same table will be molding the dough into elaborate sculptures of dragons and dinosaurs. The same will be true of drawing, painting, block building and many other things: children will take the activity as far as their development allows.

Often, however, you will need to set up different areas for different ages so that they won't interfere with each other's activities. Older children doing woodworking won't necessarily want a two-year-old "in the way" - this is a matter of safety, too, of course - and two-year-olds learning how to stack blocks to make a tower may not want an older child taking all the blocks to build a whole miniature city.

You may often have to help children learn to cooperate with children older or younger than themselves. It tends to work out best when you take a positive approach. For instance, encourage a school-age child to learn about how babies grow, crawl, talk and walk and to take an interest and joy in these things, rather than to see the baby as a noisy obstacle which is always underfoot. Older children may enjoy being your "helpers" in caring for the infants and toddlers. On the other hand, the older children also have a right to pursue their own activities, and may resent it if they are called upon to be your helpers too often.

You might also decide that you want to limit your program to one age group, or two. From late toddler age onward, children will probably be most content when they have at least one playmate similar to them in age. ■

Caring:

Information for family day-care providers

HELPING YOUNG CHILDREN GROW THROUGH PLAY

"I'm learning by playing—but I need your help."

Playing is the way children learn about their world, themselves, and others, and the way they develop the skills and knowledge they'll need to succeed in their lives. Your love, encouragement, and praise give children confidence to try new things; the toys and equipment you provide for them give them a chance to enjoy learning. By your example and with your help, you teach them new skills and ways of coping with their world.

Age Makes a Difference

All children grow and learn in their own special way. The following guide—and it is *only* a guide—shows ways you can encourage growth through play for children of different ages.

Babies—by 6 months babies can turn over, reach and bat at things; by 8 months they can sit unaided; by 9 months they can crawl and scoot; and by a year they may be walking with or without support.

During the first 6 months you can help babies by:

- Hanging a colorful mobile over their cribs.
- Placing colorful pictures in the room.
- Moving a rattle or toy slowly in front of their faces, so their eyes can follow the toy.
- Shaking a rattle behind their heads so they will turn and grab the rattle.

- Letting them grab for an object in your hands, grasp it, bang it, and shake it.

After babies are 6 months old you can help by:

- Attaching a toy to a string and letting them pull the toy across the floor or table.
- Providing opportunities on the floor that encourage babies to stretch, turn over, creep, crawl, and pull up.
- Rolling a ball and letting them crawl to it.

Cooperative Extension **University of California**
Division of Agriculture and Natural Resources
LEAFLET 21281

One-year-olds are learning to use their arms and legs. They need opportunites for running, climbing, and throwing; they enjoy doing things with their hands. You can help by:

- Encouraging them to throw beanbags or foam balls.
- Setting up an "obstacle course" for children to crawl and climb through, made of boxes, boards, pillows, etc.
- Teaching them to put smaller cans or boxes into larger ones.
- Giving them containers with loose-fitting lids so they can learn to open and close them.

Two-year-olds enjoy active play and learn to use their fingers. You can help by:

- Supplying pushing and pulling toys.
- Encouraging play with pounding benches and punching bags.
- Giving them things to climb on, jump on, and run through.
- Giving stacking cups or blocks and pop-apart toys.
- Providing large beads or empty spools for stringing.
- Letting them fill and empty containers with sand, water, rice, beads, etc.
- Supplying crayons, chalk, paint, and paper for scribbling and painting.
- Helping them use finger paints and play-doughs.

Three-year-olds are able to use their hands, feet, and bodies well. They need and want opportunities for physical activities. They enjoy learning to use their hands and fingers more precisely. You can help by:

- Providing opportunities for active indoor and outdoor play, including climbing, riding wheel toys, and jumping.
- Encouraging play with blocks of different sizes and shapes.
- Providing a variety of toys that must be operated with the hands, such as peg sets, Tinker Toys, puzzles, clay, crayons, and paints.
- Encouraging them to dress and undress themselves, serve food, set the table, and water plants.

Four-year-olds like to develop physical skills. They are extremely active and aggressive in play. They will dash around corners, race on stairs, kick, hit, and break things. They like opportunities to improve their balance and body coordination. You can help by:

- Encouraging daily, active, free play.
- Providing opportunities for them to walk on curved lines and straight lines, and on balance beams or boards.
- Encouraging them to walk with beanbags on their heads.
- Playing games like "How far can you hop on one foot?" or "How far can you jump?"
- Helping them to throw balls, beanbags, yarn balls, etc. at targets or into containers.
- Encouraging dramatic play with costumes and props.

Five-year-olds have learned to skip, perform simple dances, and tricks. They need opportunities for improving their balance and body coordination, for using their tremendous physical energy, for learning to distinguish left from right, and for developing coordination of small muscles in their fingers and hands. You can help by:

- Providing body movement games to dramatize stories, verses, or happenings—for example, a flower opening, an elephant walking.
- Encouraging body movements with records, stories, and rhymes.
- Encouraging skipping to music.
- Providing free play opportunities for running, jumping, balancing, climbing, tumbling on a mat, and tug-of-war.
- Playing games that teach right and left.
- Giving them opportunities to paint, draw, cut, paste, and mold.
- Letting them sew with yarn and a large plastic needle.
- Supplying peg games and other toys that must be hand-operated.

Simple Toys for Young Children

- Boards for sliding, balancing, and bouncing.
- Clay.
- Costume boxes (including purses, hats, gloves, scarves, capes, curtains, and fancy old clothes).
- Large crayons.
- Large sheets of paper.
- Paint—powder paint mixed with water.
- Large paintbrushes.
- Musical and rhythm toys—drums (make out of boxes or cans), wrist bells, gongs, and cymbals.
- Packing boxes large and sturdy enough for a child to climb on.
- Large cartons big enough for dollhouse, playhouse, or fort.
- Blocks and boards for building.
- Stuffed toys, large and small.
- Beanbags—simple to make from scraps.
- Balls of all kinds.
- Rag dolls.
- Nests of boxes or cans.
- Hand puppets.

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Remind Parents that their Child *is* Learning

If you have ever been told by parents that they want their child in a center where they will get a *real* education, you know the frustration of trying to explain family day care. Many parents of young children never consider family day care. They've "heard or read somewhere" that learning environments for preschool are only to be found at centers and nursery schools. Providers as well as resource and referral services must work hard to dispel this myth. Whether or not a provider has a highly structured program, she can show parents that the day care home is an educational setting.

Many parents think family day care is great for babies and toddlers, says Frances Durkin, director of a resource and referral service at Resources for Child Caring in St. Paul, Minnesota. During those ages parents tend to be more concerned that their child is safe, cared for, and getting lots of love. But once the child reaches the age of three, parents begin to worry that their child is not getting enough "academic" learning.

Parents need to be reminded that small children do not understand concepts that they have not learned through experience. "The idea of gravity can be explained to them repeatedly," says Durkin, "but dropping a ball to the floor a thousand times a month will make the concept click. Similarly, counting numbers are meaningless if they are just memorized. However, if they play a game where everyone gets two of something, the number becomes meaningful. Then it sticks."

Many parents equate learning with math and reading because that was their own educational experience. Math and reading can be memorized and easily measured, so the child can perform. Parents love to have their children perform. They forget that a great deal of learning that cannot be easily measured occurs prior to age five.

Jean Piaget said that to learn is to invent, and children need to learn to invent the world. Otherwise, it's just rote learning. Preschoolers learn by experience. Exploration, getting involved with materials, and interacting with peers are the building blocks for math and reading, which come later.

Even an infant who learns basic communication skills (such as taking turns cooing with the provider) is actually participating in a pre-language activity, and language is one of the foundations upon which all academic learning is built, says Durkin. "While many child care centers do make the effort to actively engage the child in conversation, the level of a child's participation is usually greater in a family day care environment because of the smaller number of children."

Whether or not a provider has a highly structured program, she can show parents that the day care home is an educational setting.

Parents need to be reminded that early learning provides many of the socialization and communication skills children need to become happy, productive adults. Most parents grew up in an environment where mom stayed home and there were other siblings around. A preschool experience of two or three hours a week concentrating on academics was appropriate then because the other learning experiences happened at home. But children who spend their full day outside of the home need a balance of learning, nurturing, and play.

Regular communication with parents about what their child is learning allows them to see that family day care *does* provide the experiences a child needs to later read and do math, and in some ways provides opportunities that centers cannot due to their size. "Some centers rely on techniques that involve getting the fastest answer, or the right answer, because their group is large and their day is highly structured. In a family day care environment the emphasis is apt to be on the actual thinking process a child is experiencing," Durkin says. "To demonstrate how much children are learning, you could label play areas around your house to show what skills are being developed. Around the block area, for instance, you could note that a child learns balance and gravity, and by the playhouse you could emphasize that children are developing their imagination and social skills."

Parents need to hear again and again that their child is learning. By telling the parent, "This task was hard for Jessica last week, but she's much better at it this week," you are showing active involvement with the child's progress. It is important to show how the child is progressing in terms of her own developmental level, rather than how she develops in comparison with other children. Notice change. Notice and comment on growth. When a child makes a connection like matching (for instance, getting the spoons in the right place) the parents should be reminded that this is also a math idea—the set theory.

Durkin says that anything providers learn from outside sources (such as a seminar) should be shared with parents. "You can tell the parents what you learned, why it is important, and how you will be using it in the future."

Children *do* learn in the family day care environment, and anything that helps to remind parents of this will improve the reputation of the profession. The informed parent is the best advocate for family day care.

On the next page is a chart to photocopy and give to parents. It shows some of the skills their child will learn every day in a family day care home.

Much of this information came from Debbie Hewitt and Eileen Nelson, Early Childhood Specialists, and Frances Durkin, Director of Parent and Employer Services, at Resources for Child Caring in St. Paul. ■

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Typical Skills Children Learn in Family Day Care

Parents: Here are some examples of the skills your child will learn and practice during a typical day in a family day care setting.

Activity	Specific Skills Learned
Finding toys or learning materials to work with by self or with others.	Cognitive: Makes decisions about interests and abilities. Self-help: Finds toys by himself or sets up environment for play. Social/Language: Learns to share, barter, manage conflict, and ask for help. Emotional: Learns about acceptance and rejection. Expresses needs.
Block play	Physical: Learns to balance blocks and line them up (small motor coordination). Cognitive: May count blocks, sees pattern and design. Learns to build and plan structure. Matches blocks that look alike. Social: Learns to share and cooperate.
Dramatic play	Social: Plays adult roles. Develops self-image and coordinates with others. Language: Learns to express self in another role. Cognitive: Decides appropriate dress and appearance for role; uses visual perceptions to assess self, others, and play environment. Learns and remembers behaviors to imitate. Develops abstract thinking abilities. Self-help: Dresses self. Sets up play environment and finds props.
Setting the table	Cognitive: Counts silverware, glasses, and napkins, or places one object by each setting. Follows pattern of place settings. Social: Cooperates with other children. May teach younger children to help. Physical: Picks up and places objects (small motor coordination).
Sitting down to eat	Physical: Pours milk, passes the dish (small motor coordination). Cognitive: Measures to pour. Understands directions. Social/Language: Learns appropriate table conversation and manners.
Story time or listening to music	Cognitive: Listens and retains information. Follows story line (sequencing) with eyes and/or ears. Recognizes words, pictures, instruments, and rhythms.
Fingerplays and songs	Cognitive/Language: Learns words, gestures, and melody (sequencing, repetition, speech and listening skills). Follows directions. Physical: Coordination (small and large motor) for gestures and fingerplays.
Dance	Cognitive/Language: Listens to music and rhythms. Learns to understand simple movement directions and their relationship to the music. Physical: Coordinates movements (large motor).
Climbing/riding	Cognitive: May count the rungs to the top of a climbing structure; plans his climb. Maps out direction and distance to ride; watches for others in path. Physical: Large motor coordination, balance. Social: Takes turns, interacts.
Sand play	Cognitive: Measures sand and maps out roads (spacial relationships). Physical: Pours, dumps, pushes, gathers, scoops, packs (small and large motor). Social: Shares, interacts, cooperates.
Putting away toys	Cognitive: Sorts toys, follows directions. Physical: Places object on the shelf, replaces lids, opens and shuts doors. Social: Takes turns, learns to handle toys carefully.

Photocopy this page for parents

Arranging Space

Children need a balance of activities during the day. They need some time and space for noisy, vigorous activities and time and space for quiet and rest. If you provide space in your home for various activities, the day should go more smoothly. Don't make your home into a day care center, just do some minimal rearranging. Let the kids help you put things away and return things to normal at the end of the day.

Busy corner	Is there a place in your home for relatively noisy, vigorous activity? Some things which might be used in this area: - large blocks (perhaps homemade ones, made out of liquor boxes, dividers left inside for strength and taped shut) - an old record player the children can operate themselves (records they can bring from home) - some homemade musical instruments - a large cardboard box with both ends cut out for a tunnel - an old blanket to make a private tent or fort - a cooking center, a small table and chairs, real pots and pans, muffin tins - puppets and a box theater - a homemade punching bag
Space for games	Does your home have a separate space, perhaps a coffee table at the end of the hall, for quieter, more controlled activities? Some things you might have in this space: - a doll house - a flannel board - some puzzles - some table games (Monopoly, Payday, etc.)
Reading area	Can you provide a spot, away from the TV, for quiet reading? A cozy, enclosed space, perhaps a corner of a room surrounded by shelving, is excellent for reading. An old area rug on the floor is nice, and a huge, homemade pillow makes the area comfortable and special. Just stock this corner with some old favorite books, and occasional books and magazines from the public library.
Leave me alone	Every day care home needs a "leave me alone" corner. This is just an out-of-the-way spot where a child can go and be by himself/herself, no questions asked.

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My stuff

Day care children appreciate having a space somewhere for their personal belongings. This could mean a hook on the wall for jackets, a spot on the floor marked with masking tape for shoes or books, or a cubby, made perhaps from an ice cream container, a cardboard box, or a plastic dishpan. Any space like this should be labeled with the child's name.

Crafts

A provider can create a good craft space. This should be near a sink. A table, and the floor as well, can be completely covered by newspaper. Then children can create art projects of their own. Some things which are good to work with.

- pencils
- crayons
- paints
- felt-tip pens
- newsprint
- construction paper
- cardboard
- aluminum foil
- string
- old socks
- paper bags
- magazines
- popsicle sticks
- egg cartons
- yarn
- waxed paper

This list is endless. You and the children can become scrounge artists and build up a supply of materials. Then you are ready for rainy days.

Dress up

There are many more ideas for special use places in your home. You and your group of children might find space in a hall closet, for example, for a permanent dress-up center. Include old hats and shoes as well as clothes. Ask parents to contribute items for dress up.

Wood-working

If you're very lucky and have access to a garage, basement, or big kitchen area, you might be interested in establishing a woodworking center for older, after-school kids. This might include:

- 2' x 2' board covered with old carpeting to muffle noise; real tools such as hammers, nails, sandpaper, wire, screwdrivers, and screws; soft wood scraps, (pine is best); styrofoam and cardboard, sponge pieces, straws, pegboard.

- Is there a space in your home that children particularly enjoy using? Is there some item, good for crafts or homemade toys, that you get for free? Share these ideas with your classmates.

Pleasing to the Eye and Ear: A Guide for Assessing the Physical Environment

Have you ever walked into a room that made you feel at home, relaxed, calm? Or have you been in a room that made you feel uneasy, confused, or on edge? The appearance of one room can make you feel cramped, while other rooms can give a feeling of freedom. The way you organize the space used for child care will give similar messages to children.

Watching children's behavior is one way to get information about how different spaces or rooms make children feel. In this exercise, we want you to try to experience space as a child might. In an area where you provide child care, get yourself to the child's level. If you care for infants, this might mean stretching out on the floor or on the ground on your stomach, or on a child-size chair.

While at the child's level, look around and ask yourself these questions:

1. How does the space make you feel?
2. What do you see from there? Are there interesting things, like pictures or toys, to see at this level? Or do you see lots of legs? Do you have to strain your neck and back muscles to see interesting objects?
3. Is there at least some child-size furniture? Or must children adjust to larger furniture?
4. Are there places where children can snuggle into, places that look soft, and yet are safe?
5. Are the play things stored in low places which are within reach?
6. Can you see each toy, or is the toy area a jumble?
7. Are the spaces arranged so that areas that are off limits clearly say "no, don't touch," and areas where children can be are open and accessible, telling a child "go here"?
8. Is there a sense of order or organization about space? Can children "see" places where things are to be put away?
9. Is there a "path" for people to move through the space without stepping on or interrupting each other?

This article is reprinted with permission from Family Day Care Provider Training Instructor's Manual, Community Coordinated Child Care, Madison, Wisconsin, 1981.

Now close your eyes and listen to the sounds around you. After a minute, open your eyes. Try to concentrate on some task while still listening.

1. Are the sounds soothing, relaxing, stimulating, or grating?
2. Do the sounds make you feel like relaxing? marching? singing?
3. Are the sounds interfering with your task?
4. Are there sounds that can be turned off or turned down?
5. Are there places where disturbing sounds can't be heard? Places that are relaxing and quiet?

List two things that you found to be very pleasing in your physical environment.

Indoor

1.

2.

Outdoor

1.

2.

List two things that were not pleasing or were in conflict with what you wanted children to do in that space. Consider how you could change things to make it more pleasing or more suited to the children's activities.

Indoor Problems	Possible changes
1.	
2.	

Outdoor Problems	Possible changes
1.	
2.	

GUIDE TO EQUIPPING YOUR PROGRAM

By Childcraft Education Corp.

This is a guide, not a prescription, of the many things that might be in a high quality home. No good home will have all of these, and some will have many wonderful things not on the list.

	INFANT 6 weeks to 1 year	**TODDLER** 1 year to 2.5 years	**PRESCHOOL** 2.5 years to 5 years	**SCHOOL AGE** 5 years to 9 years
FURNISHINGS 	Couch/futons/easy chair Changing table Adult rocker Cribs/cradles Infant bounce chair Cubbies/bins High chair/sassy seat Child access shelves Nest/wading pool	In addition: Child book rack Chairs/seating cubes Booster seats Tubs Child rockers Cots/mats Pillows Tablecloths	In addition: Small play tables Work bench Room dividers Small rugs Sand/water table Carpet squares Card tables	In addition: Tents Hammock T.V. trays Car trays
LARGE MOTOR 	Mats/pillows Beach balls Push/pull toys Small wagon Foam rolls Tunnel Strollers Sling/backpack	In addition: Stairs/slide Rocking boat Barrel Wheelbarrow No-pedal trikes Variety of balls Portable climber Rebounder	In addition: Balance beam Pedal wheel toys Larger wagons Shovels/rakes Hula hoops Planks/triangles	In addition: Sports balls Roller/ice skates Basketball hoop Jump ropes Skateboards Scooters
DRAMATIC PLAY 	Baby dolls Stuffed animals Rubber animals Rubber people Puppets Hats Plexiglass mirrors	In addition: Large doll furniture Dress-up clothes and hats Child-size furniture Plastic cooking sets Blankets/tents Boxes/suitcases Cars/trucks Real pots/pans	In addition: Doll houses Plastic food Clothespins Play money/cash register Kitchen utensils/Trays Prop boxes Purses/luggage Play telephone	In addition: Small dolls Castle sets Mobile Balance scale Microphone Stage Fabric Plants/boxes

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	INFANT 6 weeks to 1 year	**TODDLER** 1 year to 2.5 years	**PRESCHOOL** 2.5 years to 5 years	**SCHOOL AGE** 5 years to 9 years
BLOCKS/ CONSTRUCTION 	Fiberboard blocks Foam blocks Bucket and blocks Shoeboxes	In addition: More blocks Large trucks Large train Snap blocks Waffle blocks Crates	In addition: Unit blocks Perna blocks Planks Derrick/pulleys Wheelbarrow Woodworking tools/hat/belts Dominoes/lots of blocks	In addition: More planks Plastic crates More tools Tri-wall cardboard Plastic/wood wheels, nuts bolts
CREATIVE ART 	Finger paint Simple prints Wall hangings Sculpture Mobiles Messy mats/tarps/ plastic tablecloths	In addition: Thick crayons Large brushes Chalk/markers Chalkboard Playdough Ink stamps Paste	In addition: Easel Small brushes Water colors Modeling clay and wax Collage material Glue Scissors	In addition: Tri-wall cardboard Styrofoam pieces Clay Sewing machine Badge maker Camera Camcorder
SENSORY/ SAND/WATER SCIENCE 	Dish/garden tubs Tub toys Sponges Plants Aquariums/birdfeeders Animals Windchimes	In addition: Buckets/jars Funnels/sifters Measuring cups/ pitchers Magnifiers Large magnets Flashlights	In addition: Electric frying pan Incubator Ant farm Balance scales Thermometer Magnets/prisms	In addition: Microscopes Rock tumblers Tape measures Oven Motors

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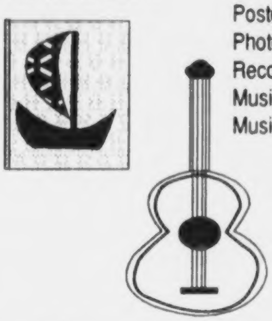
	INFANT 6 weeks to 1 year	**TODDLER** 1 year to 2.5 years	**PRESCHOOL** 2.5 years to 5 years	**SCHOOL AGE** 5 years to 9 years
BOOKS/ LANGUAGE/MUSIC 	Cloth books Hard board books Posters Photos Records/tapes Music boxes Musical mobiles	In addition: Picture books Read to books Play telephones Simple instruments Headphones	In addition: More books Magnetic letters/Lotto Typewriter Telephones Thick pencils Musical keyboard Instrument set Scarves/ribbons	In addition: Computer and software Easy read books Chapter books Tune/Life type books Notebooks
PERCEPTUAL MOTOR/GAMES/ MANIPULATIVES/ MATH 	Mobiles Cradle gyms Busy boxes Rattles Prisms	In addition: Pop beads Stack/nesting toys Large pegboards Lock boards Pounding bench Poker chips Sorting boxes	In addition: Small pegboards/ Puzzles Thread boards Table blocks/parquet blocks Tyco/Lego/Lazy blocks Abacus Lacing boards Nuts and bolts	In addition: Board games/Skill games Cards/checkers Dominoes Looms Culsenaire rods Calculators Models

CHILDCRAFT - This guide was made possible by a generous contribution from Childcraft Education Corp., manufacturers and distributors of quality furniture, toys, and educational materials for your early childhood program.

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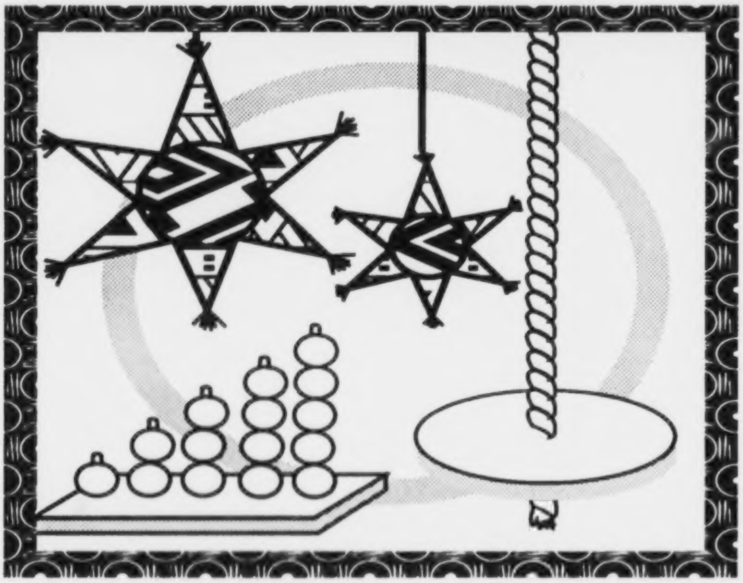
WHAT TOYS DO I NEED?

By Ronda Garcia



Are They Expensive?
How Much Money Do I Need To Spend?

If you have already received a license from the state for your family day care home, most of the expense (first aid kit and smoke detector) of setting up an appropriate play-learning environment has already been incurred.

Additional play materials which you add will enhance the quality of your program. There should be a range of age-appropriate toys. Think about the difference between things you buy and things you can make. For example, you need to buy tennis balls and inflatable beach balls, but you can make large pillows for the children to sit on. You need to buy art materials (crayons and felt tip pens), but you can save plastic containers.

Children need toys (not too small around babies) which they can hold and manipulate. A ring of old keys or a set of plastic measuring cups are readily available in most homes. Think of ways you can get used toys from some of your friends and neighbors, but also know that you will need to purchase new materials throughout the year. Book pages get worn, and puzzle pieces are lost, so it is a good idea to budget about $20 per month to buy toys or to save for a large piece of equipment.

IS IT HARD TO MAKE HOMEMADE TOYS FOR THE CHILDREN?

Making toys is easier than you think. It is surprising that there are so many materials in a home which can be made into attractive, safe and inexpensive toys.

On the following pages, you will find a list of things that you can use for making toys. If you are one of these people who feel lacking in imagination, this is your chance to prove yourself wrong. Dig out some old clothes, get some glue, paper plates, colored beads, yarn, etc., and get the whole group involved in an activity which is both rewarding and fun.

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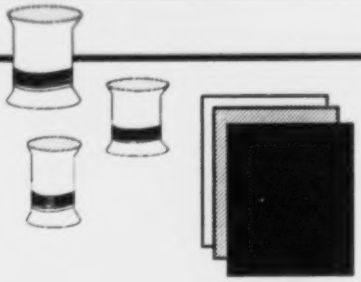
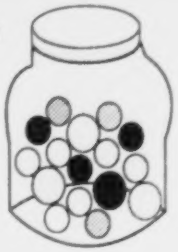
HANDY TO SAVE

SCRAPS OF...



- ribbon
- string
  - paper
  - yarn
  - cardboard

CONTAINERS

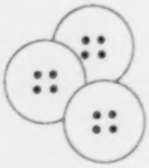


- oatmeal, cornmeal & grits cartons
- margarine tubs
- berry baskets
- egg cartons
- cans of all sizes
- cardboard boxes
- cardboard grocery trays
- cardboard tubes from toilet tissue, paper towels & hangers

THINGS FOR PUPPETS

- mittens
- socks
- cloth scraps
  - gloves
  - nylon

ODDS AND ENDS



- buttons
- spools
- rocks
- cards
- beans
- macaroni
- popsicle sticks
- bottle caps
- keys
- stamps
- straws
- rice
- toothpicks
- corks
- jar lids

DRESS UP CLOTHES

- old hats
- jewelry
- shawls
- shoes
- ties and belts
- old dresses, skirts

DON'T FORGET

- newspapers
- magazines
- paper bags of all sizes
- shirt cardboards

HANDY TO BUY

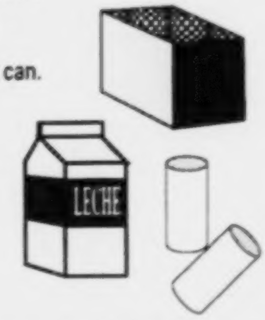
- crayons
- pencils
- scissors
- glue (children eat paste)
- masking or transparent tape
- watercolor or tempera paint (not permanent)
- felt tip markers
- food coloring
- construction paper
- crepe paper

NOTE:

BUY ONLY THE ESSENTIALS!

Try to save as many
useable items as you can.
Don't throw it away

RECYCLE!



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Caring:

Information for family day-care providers

TOYS AND GAMES FOR BABIES

Babies grow and learn fast. They continually practice seeing, hearing, and touching. You can help them learn by giving them things to look at, listen to, and grab.

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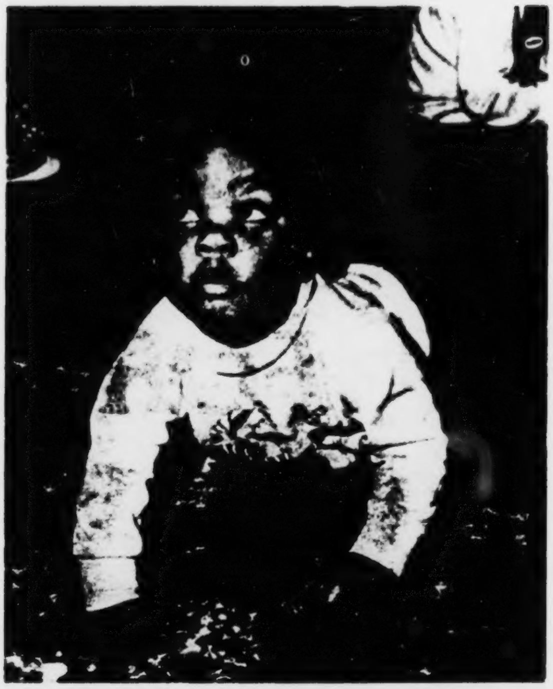
Age Makes a Difference

Newborn babies, 0 to 3 months— keep their world full of interesting sights and sounds. Make mobiles to hang over their cribs; hang balloons or ribbons to flutter in the wind. Put bright posters on the ceiling; hang safe mirrors and simple drawings of faces where babies can see them. Introduce babies to new sounds—ticking clocks, bells, music, and wind chimes.

You can make simple mobiles to hang above babies' beds by fastening colorful objects to a coathanger—small toys, shiny foil pie tins, balloons, shapes cut out of paper, etc. Remember, these are to look at, not touch or taste. Be sure items are securely out of their reach and tightly fastened so they can't fall into their cribs.

By 8 or 9 weeks, babies can bat at things. For a good rattle, attach a dangling bead or button to a foil pie pan (all firmly tied) to hang at batting distance above babies beds.

Here is a game which can help babies learn to keep their eyes on things. When a baby is lying on his back, put your hand lightly on his stomach. Try to keep your face where he can't see it so he will watch the noise maker, not you. Remove your hand from his stomach if it distracts him. Now hold a rattle or something that makes noise about a foot above the baby's head. Shake the rattle until he looks at it. Then move it slowly in a circle around his head. He will follow it with his eyes. Change the direction of the circle.



Babies 3 to 6 months old are readly to grab things. They enjoy feeling different things, rolling them, hitting them, and balancing them. Help babies learn during these months by giving them different kinds of soft things to touch, squeeze, and shake. Studies show babies spend a lot of time playing with crib toys when they are awake. Toys do not make it difficult for babies to fall asleep. Good crib toys include cuddly toys, teething toys, safe baby mirrors, and safe rattles. Give babies lots of different kinds of toys, toys that are hard and soft, round and square, heavy and light. Be sure toys are safe. All toys should be safely mouthable. They should be unbreakable, have no sharp edges, and no parts (like button eyes on stuffed toys) that can be pulled off and swallowed.

You can make a patchwork "feely" which babies this age will enjoy. Simply make a patchwork strip or square of washable fabric samples, each with a different feel—furry, silky, crispy, soft, lacy. Use fake fur, lace, cotton, velvet, and vinyl. Baby will enjoy feeling the different textures.

Here is a game which helps a baby learn about different objects. Collect different safe objects from around the house (square, round, soft, fuzzy, long, short, sticky). Give them to the baby one at a time to explore by banging, mouthing, dropping, and rubbing. When she is tired of one, give another.

Babies 6 to 12 months old want to reach and touch everything in sight. They begin to crawl. They can put things in special places, such as hoops on pegs or little things into big things. They love to drop things on the floor.

They will enjoy playing with empty toilet paper or paper towel rolls colored brightly or covered with bright paper. These can be pushed and rolled. You can make a pull toy with them by tying several together on a string.

Tie a string securely to light, unbreakable things, like stuffed toys, sponges, colored ribbons, or a wadded-up sock. Fasten these to a baby's crib or high chair for swinging and flinging—or let the baby use them as pull toys.

Empty coffee cans (with dull edges) can be banged with wooden spoons as can overturned pots, cardboard boxes, and plastic containers.

To encourage babies to crawl, knock the ends out of cardboard boxes for a crawl tunnel, or pile large cushions on the floor for them to crawl under, over, and around.

Here is a game which will help babies this age learn about themselves and their reflection. Sit on a chair or on the floor with a baby on your lap in front of a mirror. Gather objects from around the room to show her in the mirror. Show the baby her reflection, saying, "I see Betty" (using the baby's name). Show her toys in the mirror, naming them and asking her to point to them. Other children can be invited to the mirror so the baby can see their reflection.

Toys Are Important, But . . .

Remember, the best plaything for babies is a loving person who plays, hugs, and carries them and introduces them to many new sights and sounds. Babies need lots of time to explore alone and need toys that will encourage this exploration, but mostly babies need adults who will encourage them in their play, praise their achievements, and help them to discover and explore their world.

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SOURCES:

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PHOTOGRAPHER:
Alfred L. Smith, Agriculture
and Natural Resources Publications.

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Caring:

Information for family day-care providers

TOYS FOR TODDLERS

The toddler years, from 1 to 3, are the years when children learn very quickly about themselves and their world. These are the years when they develop their self-confidence. They will feel secure, confident, and capable if the people who care for them give them love and encouragement and help them to learn.

Every minute they are awake, toddlers are either walking, crawling, pushing themselves along the floor, climbing, looking, feeling, or tasting. This is the way they learn. Toddlers need to have freedom to explore—safely—toys that help them learn, and need adults to teach them new skills and share their enjoyment when they succeed.

Some of the best playthings for toddlers are around the house—pots, pans, rolling pins, plastic containers with lids, spoons, pie tins, empty boxes, wooden spools, and magazines. Here are four simple teaching toys you and your children can make from things you have around the house. They will give toddlers hours of enjoyment and will help them learn important skills.

Egg Carton Fun

You can make dozens of toys and games from egg cartons. Here is one that can be used to teach toddlers to match colors and shapes and learn names and numbers. Children can play this game alone, but it is more fun if played with adults or older children. Make several egg carton games and play match with several toddlers at a time. With your children's help, you can make up more games using egg cartons.

Colors—color each egg carton cup a different color with a crayon or with water color paints. Use bright colors—red, blue, green, yellow. Cut circles out of cardboard small enough to fit into the cups and color the circles in matching colors. Mix the circles up and put them on the egg carton lid, then ask the children to match the circles to the cups of the same color—the red circle in the red cup, the blue circle in the blue cup, and so on.

Objects—children can also learn names of objects with a different egg carton game. Put pictures of things cut out of magazines into each egg carton cup. Choose pictures of things familiar to children, such as dogs, houses, cars, cups, balls, trees, etc. Be sure children know the name of each item, then ask them to find the items as you name them and take them out of the egg carton cup.

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LEAFLET 21285

Shapes—to teach shapes, paste or color a triangle, a square, a circle, a diamond, and a star in different cups. Hand the children a set of these shapes, and ask them to match the shapes to those in the cups.

Numbers and letters—print either numbers or letters in each egg carton cup and then hand the children a set of numbers or letters on cards for matching

Touch Toys

Children learn by touching things. They learn that some things are soft and some are hard; some feel cool and others warm. Some things are rough and some smooth; some are light and some heavy. These are important things for children to learn. Two toys to help them learn by touching are:

Touch bag—make a touch bag for each toddler by writing each child's name in large letters on a brown paper bag. Into each bag put 5 to 10 things that feel different—things that are hard, soft, round, flat, heavy, light, etc. You might include a smooth rock, a rough rock, a piece of wood, some sandpaper, some pieces of cloth, some nuts, a feather, and a sponge. Be sure the things you put in the bag are not sharp or dangerous. Close the top of the bag. Leave a hole just big enough for the child's hand.

Now, ask the children to reach into their bags and find something soft or hard. Tell them to find something smooth or rough; something heavy or light. Ask them what they have found. Teach them to say, "I found something hard" or "I found something . . ."

You can turn this into a guessing game. Have each child reach in and find something, and then say, "I found something soft—what is it?" or "I found something hard—what is it?" You and the other children try to guess what it is.

Touch box—use a small cardboard box like a shoe box to make a touch treasure box for each child. Print each child's name on his box in large letters. Help them make their touch box by pasting different things inside the box, like pieces of sandpaper, scraps of wool, small toys, pieces of fur, sticks, feathers, etc. To help children find things to put in their treasure box, you may want to take a backyard or a neighborhood outing, so that children can collect natural things, like leaves, rocks, flowers, and pine needles for their touch box. Be sure these things are not sharp or dangerous.

Let each child keep his own box. Children can take turns telling about their box and what's in it and describing the feel of each thing in the box.

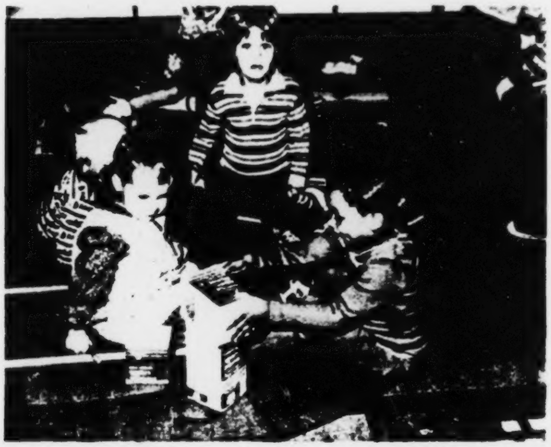
Block Play

Playing with blocks allows preschoolers to experiment with patterns, shapes, and sizes. It gives them a chance to learn how to use their hands, to learn basic arithmetic—"How many blocks does it take to make a square or a rectangle?"—and physics—"How can blocks be stacked so they won't fall down?"

Blending blocks with other toys helps play come alive. Superhighways can be used by cars, and dolls can live in block houses. Lightweight building blocks are popular with children as young as 6 months old.

Collect cardboard milk and cream cartons. Take any two cartons of equal size and cut them to the same height. Turn one over and slip it inside the other. Secure the edges with paper tape or heavy plastic mailing tape—the kind children can't peel off and swallow.

To make the blocks more attractive, you can cover them with adhesive paper or paste letters, numbers, or pictures on the blocks.



Sound Match

As children learn about their world, they will learn to tell one sound from another. This game helps toddlers learn to match and tell the difference between sounds. It requires only simple, no-cost supplies, and is very easy to make. First, collect several small plastic, 35-mm film containers. You can get these free at stores that develop film, or you can save them yourself if you are a photographer. If you would rather, you can substitute paper cups for the film containers. Seal the top of the paper cup by taping on a cover of aluminum foil or paper.

Partly fill two or more containers with something hard and rattly, like dried beans. Be sure each container sounds like the others when you shake them. Then partly fill an equal number of containers with grains of rice. Check to see that they sound the same. Partly fill a third set of containers with coffee grounds. They will make a soft, swishy sound. You will see as you shake the three kinds of containers that they sound different. Now, sit down with your toddlers and give each a set of three film cans, one with each kind of filling. Let them take turns rattling one of their containers and having the other children find in their own set the matching sound.

Another way to play this game is to put all the containers together. Pick them up one at a time and shake them, encouraging your toddlers to do the same. Together, pick up and shake, pick up and shake until you have a sound match for each. Point out when the sounds are alike and when they are different.

Your children will want to see what is making the noise inside the containers. As they discover more about this toy, they will think of other sound-making items around the house to put into pairs of containers.

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LEARNING THROUGH MOVING

By Nancy Andreasen, MS
Former director of the Early Childhood Education Division,
Cabrillo Community College, Aptos, California

Humans are physical beings. The body is the instrument through which we play out our lives. Research shows that developing large motor skills in early childhood builds the foundation for later development of both cognitive and physical competence.

Setting Up Your Environment

An optimal set-up for physical play is to provide lots of *room*. It helps to be able to clear out one of the rooms in your house on rainy days, so that you can set up pillows and mats for tumbling and general physical play.

Outdoor space is wonderful for large muscle play. Interesting stumps and logs are natural jungle gyms. Grass is ideal for rolling and somersaults. Sand is a resilient surface that will soften the jolt of jumping or falling off swings or boxes. Walkways and patios provide hard surfaces for tricycle riding and walking on tin can "stilts." In all of these activities, safety is an important consideration. Concrete is a hard surface and should generally be avoided as a play surface. (Serious concussions and even deaths have occurred in this manner).

The whole issue of children's vigorous physical play in relation to their safety is a tricky one. Trees are great to climb, but what about falls? Children love to run, but what about possible impalement on sticks they may be carrying? These questions can lead caregivers to limit physical play and surround it with endless rules. The problem is that children need to run, jump, swing, climb, and freely use their bodies. Finding a balance between protecting children from danger and encouraging them to develop their bodies through physical play is challenging but crucial.

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Children need to run, jump, swing, climb, and freely use their bodies.

There are lots of things that can be "scrounged" to add to your large muscle play equipment. Old tires of various sizes can be used to build hills, climb on or form jumping courses. Balls can be used by one child or a group. Games that are challenging for all ages can be played with balls. Hula hoops, ropes, boards for balancing on, cardboard cartons, and hay bales stacked for climbing and jumping, are different possibilities. Each one needs some kind of speical care. For example, tires collect water if drainage holes are not drilled in them. Hay bales are held together by sharp wires, and will mold and disintegrate with age and rain. Sand is a wonderful draw for cats and should be covered at night. Kids love moving around, and the time you put into providing them a safe environment for activities will all be worth it!

Specific Activities

1) For the youngest children, cut the top off a cardboard box and let them crawl in and out of it, or sit in it. Use the words *in* and *out* as a way of building vocabulary and understanding of spatial relationships.

2) Get a large refrigerator box and cut out both ends. This becomes a tunnel for crawling *through* (as well as a wonderful place to be *in* for dramatic play).

3) Collect a set of shoe boxes and other smallish cardboard boxes. Close the tops and bottoms with masking tape to form cardboard blocks. These boxes can be stacked or moved around, and will stretch the muscles of the little ones as they arrange them in their play. (If you can afford large hollow wooden blocks, they are even better - but tremendously expensive).

4) Build a balance board out of a plank and two concrete blocks. Have a child try to walk with one foot on the ground and one on the balance board. Next, try both feet on the balance board.

5) Set up a simple obstacle course with the balance board and the cardboard carton. Children can walk on the board and crawl through the carton.

6) Set out a series of tires and have children jump into each one and then out again. Next, try having them step from one to another, alternating feet. Another day, add the tires to the obstacle course so that children can walk, crawl, and jump through them.

7) Use large balls for the youngest children. (As their muscles develop they will be able to handle smaller and smaller balls). Rolling balls is the first step. A more complicated activity is to roll balls back and forth from one person to another, which requires controlling the direction of the roll, as well as catching the ball.

8) Bouncing balls is a challenge for preschool children.

9) If you put up a basketball hoop at a low level, preschoolers will have fun trying to get a large ball through the hoop.

10) Beanbags can be thrown like balls, but they offer a different set of experiences since they do not roll, but drape. Try putting one on the arm of a child, and having her sit down on the floor without dropping the bean bag. Think up other challenging positions for children to try.

11) Ropes are good for jumping over. Older children can try all the classic jump rope games. For preschoolers, attaching a rope at one end and holding the other at a low height for them to jump over is enough.

12) Classic group games such as Ring Around the Rosie, The Farmer in the Dell, Red Rover and Statues are all great games for children to move about. ■

SCIENCE LESSONS FOR YOUNG CHILDREN

By Nancy Andreasen, MS
former director of the Early Childhood Education Division,
Cabrillo Community College, Aptos, California

If children are to understand the world, they need a chance to see how things work and what happens when different things are done. Our job, as parents and teachers, is to encourage children's natural curiosity, suggest things for them to try, and ask them questions that will challenge them to figure things out for themselves. This is what scientific investigation is all about. According to the theoretician Piaget, children build physical knowledge of the world through exploration, and create logico-mathematical knowledge about the relationships of things to each other. These are the basic foundations of science.

Simple everyday things you have in the house are all you need for a good science program. Inside the house, blocks, cooking utensils, bathtub water, dishwashing soap bubbles, house plants, and refrigerator ice cube trays all provide raw material for science. Outside, plants, dirt, sand, water, grass, breezes, sunlight and shadow, bugs, beetles, slugs, and creatures of all kinds are wonderful possibilities for observation and exploration. The sky literally is the limit!

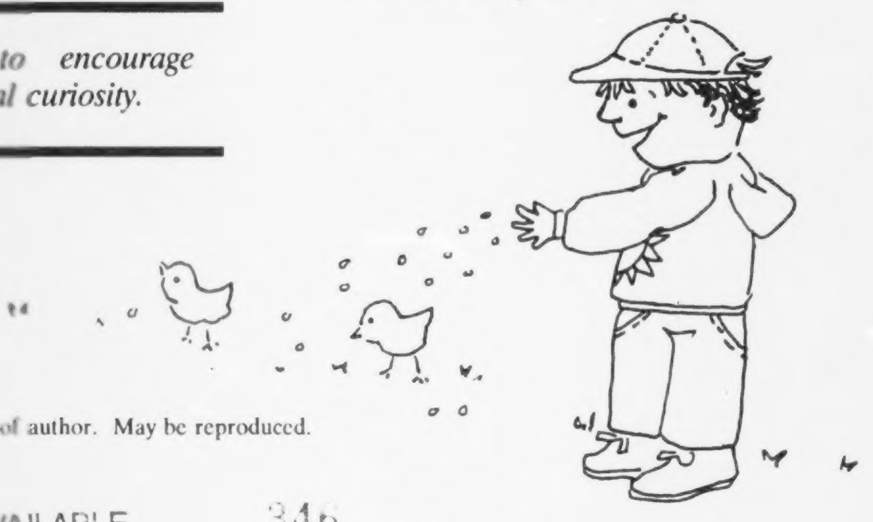
Our job is to encourage children's natural curiosity.

There are a few special things that are useful to have on hand to support science experiments. You might want to set aside a box marked "Science Supplies": small magnifying glasses to help children get a better look at interesting things; simple bug cages made out of milk cartons to give a temporary home for little creatures; a bag of pre-mixed potting soil for spur-of-the-moment planting; individual milk containers or aluminum pie pans, to make containers for plants. Resource books of all kinds, checked out from the library, can serve as inspiration. If you want children to look carefully at certain kinds of objects such as shells, seeds, leaves, or stones, set aside a "treasure shelf collection" in the playroom to emphasize their importance.

Observation: Look and Learn!

Children can...

- explore bouncing in various ways. They can drop different objects to see which ones bounce. They can try dropping different sizes of balls; they can throw them with great force or very little force to see how they react.



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- explore the effect of a stream of air on various substances. They can blow a ping-pong ball with a straw to try to move it to a certain spot. They can blow soap bubbles in the air to see where they float. Using a bicycle pump, they can pump a stream of air that will dig a simple channel in soft sand. It can also hold a balloon up in the air, move papers along the ground, make bubbles in water, and all sorts of other marvelous things!

- stand in the sun and see the shadows they create. It is interesting to get the shadows to move, to shrink, and to expand. On a cloudy or stormy day, shadows can be made inside using the light from a strong lamp or a flashlight.

- explore balance in lots of ways. Teeter-totters can teach a lot about balance, but need watching for safety. Block construction helps children understand balance. How many rocks on one end of a board will balance two heavy books on the other?

- explore heat/cold and its interesting attributes. What happens to water when it gets very cold? What about an ice cube or butter in the sun? What happens to cheese when you heat it in the oven or in your tortilla? What happens to water when it boils? All of these are transformations that children find very interesting when they get to watch, see, and feel. Remember, safety is also important here. Beware of steam burns!

Natural Science Activities

- Growing things is a natural for young children but they need to be able to see results FAST. For this reason, growing bean sprouts is a good activity. Soak them overnight, then keep the bean sprouts moist in a glass jar with a cloth or screen over the top, or a lid with holes punched in it. Rinse night and morning. Sprouting lima beans on a damp blotter is another way for children to see the whole process.

- To watch a spider spin a web, make a simple wooden box frame or use a small picture frame, and prop it up in a larger pan of water. In the fall, find a golden garden spider in the garden and put her on the frame. She will spin a web, form an egg case with babies, and eventually die. The spiders cannot escape over the water so they will stay on the web. This way, children can experience the life cycle from beginning to end. (For older children, read *Charlotte's Web* by E.B. White to go with this experience).

- Observe snails, slugs, and banana slugs in a closed setting. Set up a terrarium with soil, water, and a plant or two, and put snails in to see what they do. Another day, let a snail move across a sheet of black construction paper and see what happens.

The possibilities for exploration are endless. If you need more ideas, your local library is a wonderful resource for children's science activities. ■

BANANAS HANDOUT

Simple Sun Experiments For Children

SUN Goggles:

You will need:	Corrugated box
	String
	Paper glue
	Ruler
	Pencil
	Penknife

FIG. 1

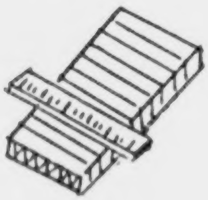
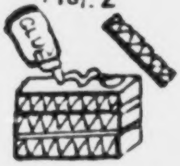


FIG. 2



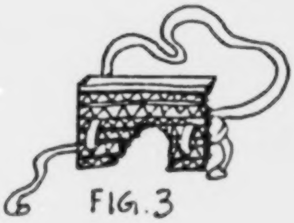


FIG. 3

Cut off a large flat undamaged piece of corrugated box. Mark off ten or twelve strips ½ inch wide and 6 inches long. The corrugations must go across the length of the strips. Cut the strips with a penknife. Glue the strips together, one on top of each other. When the glue has dried, cut out a place for your nose. Tie one end of a piece of string to one side of the goggles by threading it through the corrugations. Loop the free end of the string through the other side of the goggles, but don't tie a knot — this way the goggles can be adjusted to fit different people. Wear the SUN goggles on a bright SUNny Day. You can only see straight ahead so don't wear while running or riding a bike.

SUNdial:

Find an existing erect pole (telephone pole, flagpole, street light, tree, fence post, street sign) or put a large stick in the ground. There should be plenty of clearing around the pole so that buildings, trees and other objects don't interfere with the SUNlight. Now mark off the hours around the pole — using logs or sticks on grass paint or chalk on concrete, etc.

SUN-cooked Strawberry Jam:

On a blistering hot day, set up a table in the full SUN with its legs set in cans or small pans of water to keep crawling creatures from the jam. Have netting handy to keep flying creatures out of the jam.

Wash and hull berries, and measure to see how much sugar you need. Put a layer of berries in the bottom of a big pot, cover with an equal number of cups of sugar: repeat until berries are used up. Set aside for about 30 minutes to let the berries "weep." Place over very low heat and bring slowly to simmer, stirring to prevent scorching, until sugar is dissolved.

Pour syrupy berries ½ inch deep into large plates and set on table in strong SUN. As the fruit cooks in the SUN, turn it over with a spatula 2 or 3 times during the day. When it has jelled, pour into sterilized jars and seal. (If the SUN is not strong or if there's wind, jelling can take 2 or 3 days. In that case bring plates indoors each night.)

How to Make a Rainbow:

You will need:	A garden hose
	A small mirror
	A glass of water

Turn the hose on to a fine spray. Stand with your back to the SUN. You'll see a rainbow in the fine spray of water.

Put a small mirror in the glass of water and place the glass so the SUN can shine on the mirror. Turn the glass until the rainbow is reflected against the wall or ceiling.

BANANAS Child Care Information & Referral • 6501 Telegraph Avenue, Oakland, CA 94609 • (415) 658-6177

SUN for Seeds:
A simple experiment to show how important SUN is for growth: grow a seed in a closet and in sunlight

What Do Plants Need?:
Water? Put 2 similar potted plants in the SUNlight. Water one daily. Don't water the other. After several days, notice one plant thriving and the other . . . ?

SUNlight? Again, take 2 similar potted plants and cover one with a large box. Make several holes in the box to let air in. Water both plants daily. After several days, compare the plants.

Air? Take 2 similar potted plants and place each in small dish of water. Cover one with a jar. Press the jar into the soil so that no air can reach the plant. Place both plants in the SUNlight. Observe what happens after several days.

Make Raisins:

You will need:	Firm seedless grapes Scale Large pan or bowl of water Paper plates Netting or wire screen to cover the plates Glass container with tight-fitting lid

Weigh the grapes and place in container of water and wash. Blot dry with a towel. Remove the grapes from the stem and spread one layer evenly on paper plates (or trays). Cover the plates with netting or screen and fasten so it won't blow off. Place in the SUN to dry. After 4 days, test the grapes for dryness by squeezing them — if there's no moisture left on your hand and the grapes spring apart when your hand is opened, the grapes are dry enough. Weigh the dried grapes and compare with the weight before drying. Also note the changes in color, form, texture and taste. EAT!

Fruit Leather:
Blend ½ cup apple or other fruit and 2 T. water and ¼ t. honey and a bit of lemon rind and pinch of cinnamon. Spread on a piece of plastic wrap on a screen. Dry 48 hours. Peel off. EAT!

FIELD TRIP GUIDE FOR YOUNG CHILDREN

By Valley Oak Children's Services

Successful field trips can become an exciting and pivotal part of any child care program as well as the highlight of the week for a child in care. A successful field trip can be as simple as a walk around the block or as complex as a visit to a museum in a nearby city. The primary goal of a field trip is to obtain firsthand observations, experiences, and information.

Field trips are an ideal way to provide a central focus or theme to any child care curriculum. Trips to the post office, a fire house or grocery store provide a basis for discussing community helpers or services; an auto dealership or airport deals with transportation; and a walk to the park or even around the block is sure to enhance any science curriculum. In fact, you can take a field trip to the same place more than once and emphasize different ideas and themes. The sky, and your own creativity, are the only limits.

Before the field trip experience, there are many activities that can help prepare the children for the trip and make it more meaningful. For instance, if you plan on visiting a pet shop, read a story about pets and other animals. Have the children describe any pets they may have. Use finger plays and songs having to do with pets (i.e., Five Little Puppies in the Pet Shop, How Much Is That Doggie in the Window?). With older children, you may want to classify the types of pets children have and graph them.

During the field trip, take advantage of any situation to work on language development, classification, counting, and describing new experiences to help children understand them. If you have parents along to help, explain to them the purpose of the field trip and give them some simple ideas how they can provide consistency when they interact with the children.

Afterwards, any activities that reinforce concepts and objects experienced on the field trip will greatly aid the children in understanding and remembering those experiences. Have the children draw a picture of one of their experiences on the field trip and have them dictate a story to you to write on the picture. This will give you insight into what the children have learned, help them articulate what they have learned, and provide a great gift for either parents or the people you visited during the field trip.

If you've never planned or conducted a field trip before, it can be a scary proposition. However, the two secrets are: start out small, and planning, planning and more planning. We've included some tips and guidelines to help make your field trips safe and enriching for you, the children, and their parents.

1. Prepare a field trip kit containing the following items:
   a. A first aid kit;
   b. A copy of each child's emergency information;
   c. Field trip permission slips signed by the parents. This could be a blanket form completed upon each child's admission into your program covering all trips or an individual slip signed for each trip. When using a blanket form, additional slips should be completed for any trips out of the local area.
   d. A permission form for emergency medical treatment signed by the parents.
   e. A record of where the parents will be the day of the field trip, including phone numbers.
   f. A "be prepared for any situation" kit. This would contain things to occupy a child who is unable to participate with the group, or to occupy the whole group in the event the trip comes to an unexpected standstill, such as a few books, hand puppets, a songbook or tape, a puzzle or a few favorite items. This kit could also include a mat or blanket for the child who isn't feeling well, or extra clothing in case a child has an "accident."

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2. Keep parents informed about the details of the field trip both before and after the trip. Tell the parents the "when, where and what" about the trip. After the trip, let the parents know how the trip went, what the children learned and what you will be doing to reinforce and build upon what was learned on the field trip.

3. When planning, allow yourself extra time to deal with the unexpected. No one will mind if you return an hour early, but be an hour late and you may find the National Guard was called!

4. Develop written field trip procedures and rules that are appropriate for your program. Be sure that the children know what the rules and guidelines are and that these are followed. Before each field trip, talk about these rules in a group time. Written procedures will also make it easy for an adult volunteer to fit smoothly into the field trip routine and know what to expect of the children.

5. Practice the field trip routine with a preliminary trip around the block or exploration of a vacant lot. While the children practice holding hands and walking in a chain, you can facilitate a conversation about what the children can expect from the field trip.

6. If there are enough adults, assign specific children to each adult and have that adult responsible for those children. With larger groups, leave one adult free to coordinate the day and to care for any individual children needing special assistance.

7. Count heads often. Make sure everyone is present before leaving any area. As the leader of the group, never assume that the other adults have counted the children in their individual groups. Take roll of the whole group.

8. Adults supervising children should keep them in sight at all times. Children should not be allowed to run ahead of the group, go places on their own, or be unattended in the bathroom.

9. Put identification tags on the children. These tags need not have the children's name but can use numbers or letters instead. The supervising adults should have a list with all the children's names and corresponding codes. If there are different adults responsible for specific children, give colored tags coordinated with the adults' name tags. This helps both adult and child locate one another and remain in the proper group. The backside of the identification tag could include your program's name and telephone number.

10. Children should hold hands while walking. This makes it difficult for the children to stray or become lost or injured. If possible, have an adult leader in the front and the back of the chain of children.

11. All children should remain seated and should wear safety belts while traveling in an automobile.

12. Make sure that all car drivers have insurance covering the passengers. Check your program's liability insurance for coverage on field trips.

13. Children should always be dressed appropriately. Shoes that cover the toes such as leather or tennis shoes, not sandals, should be worn.

14. In the event of an emergency, stay calm and the children will most likely remain calm. You set the mood for the entire group.

15. Once you have decided where to visit, call at least two weeks in advance to set up a time to visit. Talk with the contact person and let them know the ages of the children and the number of visitors to expect. Advise them of your children's attention span. Let the contact person know about any special topics you would like them to discuss, and have them fill you in on what they plan to talk about. Your group should arrive promptly at the scheduled time. If for some reason you should have to cancel or re-schedule, let them know a minimum of 24 hours in advance. It's also a good idea to call 24 hours in advance to reconfirm your appointment. At the end of the visit, thank your hosts and follow up with a thank you card or a piece of artwork from the children.

What are Appropriate Music Activities for Young Children?

from "Home Centered Care" by Ronda Garcia

Young children move, sing, dance, tap, chat, hum, drum, etc., with grace and great enjoyment. You can encourage their natural enthusiasm by offering a variety of musical activities on a daily basis.

- Try making a list of songs you already know, and add new ones slowly.
- Play children's records and tapes.
- Invest in rhythm instruments like tambourines, bells and maracas for the children to use.
- Take children to listen to live music, or invite musicians to come play for the children.
- Older children enjoy listening to popular music. Occasionally turn the radio to their favorite stations.
- Keep music volume at a level that does not override normal conversation.
- Try classical music at nap time for a soothing affect.

A music program is almost always successful in proportion to the amount of enthusiasm the adult brings to it. If you like music, the children will like it too. Here are a few songs and fingerplays you can use in your program. Remember to keep things simple and have fun.

If You're Happy & You Know It, Clap Your Hands

If you're happy and you know it,
clap your hands.
If you're happy and you know it,
clap your hands.
If you're happy and you know it,
then your face will clearly show it.
If you're happy and you know it,
clap your hands.

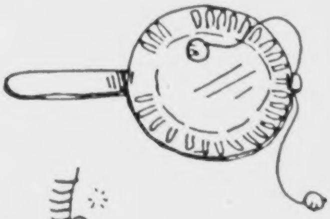
(Other Verses):
... tap your foot
... rub your tummy
... wave your arms

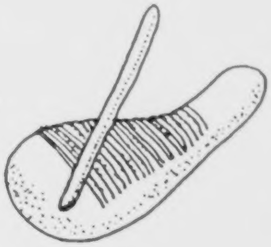
Ring Around the Roses

Ring around the roses,
Pocket full of posies,
Ashes, ashes
We all fall down!
(circle, holding hands, fall down)

Old McDonald

Old McDonald had a farm,
EI, EI, OH.
And on his farm he had some chicks,
EI, EI, OH.
With a chick, chick here,
And a chick, chick there.
Here a chick, there a chick,
Everywhere a chick, chick.
Old McDonald had a farm,
EI, EI, OH.





Reprinted from "Home Centered Care: Designing a Family Day Care Program" by Ronda Garcia, © 1985 and 1991. Reprinted with permission from Gryphon House, PO Box 275, Mt Rainier, MD 20712.

Eensy Weensy Spider

The eensy, weensy spider crawled up
the water spout.
(fingers creep upward)
Down came the rain
(fingers flutter down)
And washed the spider out.
Out came the sun and dried up all the rain;
(make a sun with arms overhead)
So the eensy, weensy spider crawled up
the spout again.
(fingers creep up)

Vary the song by singing the great, big hairy spider. Lower the pitch of your voice and enlarge the finger play to indicate a large spider.

Twinkle, Twinkle

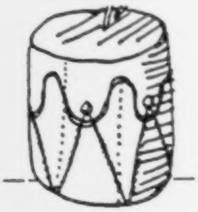
Twinkle, twinkle little star
How I wonder what you are
Up above the world so high
Like a diamond in the sky
I wish I may, I wish I might
Have the wish I wish tonight.

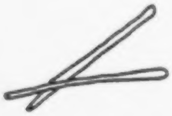
Where is Thumbkin?

(To the tune of "Frere Jacques"
or your own tune)

Where is thumbkin?
(Keep fists, thumbs up)
Where is thumbkin?
(...behind back)
Here I am!
(bring one hand, then...)
Here I am!
(...the other to front)
How are you today, sir?
(raise and lower thumbs...)
Very well, I thank you.
(...to mime a conversation)
Run away.
(put one hand, then the...)
Run away.
(...other, behind back)

Each finger can play a part. First finger is Pointer. Second finger is Tall Man. Third finger is Ring Man. Little finger is Pinky.





Toddler Record List

Music For One's and Two's	Tom Glazer (CMS Records)
Let's Sing Fingerplays	Tom Glazer (CMS Records)
Whoever Shall Have Some Good Peanuts	Sam Hinton
Creative Movement and Rhythmic Expression	Hap Palmer (Activity Records)
Homemade Band Activity Record	Hap Palmer (Activity Records)
You'll Sing a Song and I'll Sing a Song	Ella Jenkins (Folkways)
Burl Ives Sings Little White Duck	Burl Ives (Columbia)
Mother Goose	Cyril Richard, Celeste Holm, Boris Karloff (Caedmon)
Golden Slumbers-Lullabies from Near & Far	with Pete Seeger (Caedmon)
Sing the Hit Songs of Sesame St.	(Children's Records of America)
Anne Murray Sings for the Sesame St. Generation	(Sesame St. Records)
Spin, Spider, Spin	Patty Zeitlin, Marcia Berman (Educational Activities, Inc.)
Marches	Arthur Fiedler and the Boston Pops Orchestra (Time Life Records)
Abiyoyo	Pete Seeger (Folkways)

Caring:

Information for family day-care providers

LANGUAGE DEVELOPMENT

"Talk to me, sing to me, read to me. I love to learn."

Language is important, probably the most important skill a child develops. You can help children develop language skills by listening, talking, reading, singing, playing games, and by showing you enjoy your children's language progress

Age Makes a Difference—Learning by Stages

Each child learns at his own pace. The following chart—a rough guide *only*—shows stages of language development and some things you can do to help.

Age	Typical Language Skills	Ways You Can Help
0-6 mos.	Cries different ways for different reasons. Listens to words.	When babies gurgle and coo, respond with the same sounds. Talk and sing to them. Speak clearly; don't use baby talk.
6-12 mos.	Waves goodbye. Plays pat-a-cake. Responds to no-no. Imitates a number of syllables. Responds when called. Understands own name and names of some objects. Can make animal noises.	Teach babies their names and names of objects. Talk to them about what you are doing: "Now I am getting Betty's cookie." Hold babies in your lap, and show and talk to them about pictures in magazines and books. Sing simple songs.

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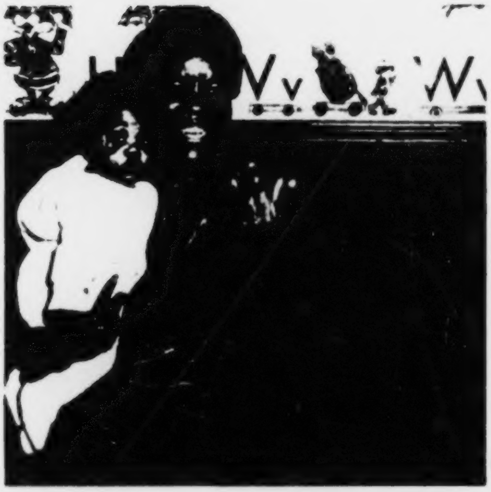
Age	Typical Language Skills	Ways You Can Help
12-18 mos.	Identifies family members, objects, and a few parts of the body when they are named. Follows simple instructions. Says two or more words. Imitates familiar noises, like cars, planes, birds. Will repeat your words.	Teach names of people, body parts, and objects. Teach sounds things make. Read simple stories. Make a scrapbook of bright pictures of familiar objects, such as people, flowers, houses, animals, etc., to "read" and discuss with them.
18 mos.-2 yrs.	Can say 15 or more words. Joins two words ("all gone," etc.). Imitates two or three-word sentences. Can point to five body parts. Names three or more pictures of common objects.	Encourage them to repeat short sentences. Teach simple instructions ("Give it to her," "Put the cup here," etc.). Read rhymes with interesting sounds especially those accompanied by actions or pictures. Help them "read" picture books but supervise because they often tear books at this age.
2-3 yrs.	Identifies up to 10 pictures in a book when objects are named. Uses simple phrases and sentences. Responds when called by name. Responds to simple directions. Starts to say plural and past tense words.	Play word games, like "This Little Piggy" or "High as a House" (see instructions, next page). Talk with, not at them. Listen. Help them make scrapbooks. Read to them. Teach simple songs and nursery rhymes.
3-4 yrs.	Can say own first and last name. Understands location words like over, under, on, and in. Can repeat at least one nursery rhyme, poem, or song. Follows at least three directions. Can recognize letters and numbers. Can combine two thoughts into sentences. Is learning to count.	Play games that teach location words. Teach poems, songs, and rhymes. Teach letters and numbers. Let them choose favorite stories. Give them books of their own. Help them put on puppet plays.



Age	Typical Language Skills	Ways You Can Help
4-5 yrs.	Knows 500 to 2,000 words. Wants answers to many questions. Can give own full name and address. Can make up stories. Can read or recognize a few written words. Names all basic colors and counts to 20.	Teach words. Encourage them to tell stories. Play games that encourage counting, color naming. Help them make story books. Teach poems and songs. If you have a tape recorder, use it to tape their talking, singing, and story telling.
5-6 yrs.	Speaks with correct grammar and word form. Expresses self in dramatic play. Can read simple words. Can write first name and some letters and numbers.	Encourage dramatic play, reading, use of letters. Encourage use of the library. Help them put on plays and shows.

Story Telling and Books

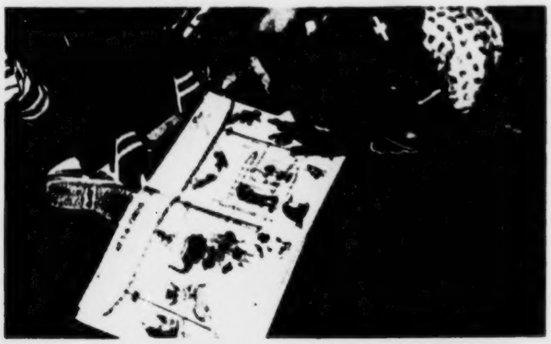
Young children of all ages enjoy stories. Encourage them to be a part of the story. Have them make noises of different characters, guess what will happen next, make up their own ending. Personalize the stories by using the children's names and locating the stories in familiar places. Make story telling a special part of each day.

One-year-olds like stories short and simple.

Two- to three-year-olds like stories about familiar things—children, families, pets, homes, neighborhoods— and short, simple sentences repeated throughout the story. They like books with lots of pictures.

Four-year-olds like realistic stories and pretend stories about real things, ridiculous situations and funny words, ABC and counting books, and books about how and why things are the way they are.

Five-year-olds like stories of children's accomplishments, stories with plots, stories they can act out, and books they can enjoy by themselves.



Language Games for Young Children

Three games to encourage physical activity, and build coordination, as well as language skills are:

- As high as a house (reach high), as small as a mouse (crouch), as wide as a barn, (feet apart, arms sideways), as thin as a pin (stand erect).
- Two little birds sat on a wall (one index finger placed on each knee), one named Peter, one named Paul (raise each finger in turn); fly away Peter, fly away Paul (waggle finger as you raise arm away from knee and behind you in an arc, repeat, then return), come back Peter, come back Paul.
- Here's a bunny (raise two fingers) with ears so funny, and here's a hole in the ground (make hole with fingers in other hand); at the first sound he hears, he pricks up his ears (straighten two fingers on first hand) and pops right into the ground (put into hole).

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SOURCES:

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Read to Me, Please!

Sharon L. Phillips

"Read me just one more story. Please!"

"What does that say?"

"That says 'stop.' That says 'ice cream.'"

Have you ever heard a three- or four-year-old say these things? Comments like the above show that a young child is developing a positive interest in reading.

If asked when their children learned to read, most parents would answer that it was in the first or second grade. The fact is that many young children know a lot about reading before they begin formal schooling. Children who become good readers have had many experiences with books and stories at home and in child care settings. These children are comfortable with books and know what people do when they read. They know that we read from left to right (although they can't explain that idea); and that when we come to the end of a line, we go back to the left on the next line. They learn that we turn pages one at a time; and that we read from the top of the page to the bottom. All of these concepts seem obvious to those of us who have been reading for years. We can't remember what it feels like not to know these things.

Besides these mechanics of reading, children who have lots of early experiences with books learn that pictures and text have different functions. Have you ever been reading to a young child and come to a page that has only a picture? When you don't read anything on that page, the child says, "You forgot to read this page." This child is telling you that he doesn't know yet that what you are reading comes from those little "squiggles" on the page and that without those marks, there's nothing to read.

How Children Show Their Interest

Research shows that children who are good readers can predict what the text says, and they expect it to make sense. These children use many clues, particularly pictures and the context of the story, to help them understand what they are reading. When we read to young children and ask them to guess what will happen, we help them develop this critical idea that print makes sense.

Charles Weber

Many children show an interest in letters and their corresponding sounds before they start formal schooling. Generally, these first letters are those that are in their names or in the names of other family members. Certainly, when children ask about letters or show an interest, we should be ready to answer in an enthusiastic manner to fuel that interest. It is important to remember, however, that the goal of reading is comprehension. Children who are drilled in letters and sounds too soon end up focusing so closely on "sounding out" words that they miss the meaning of the story; thus, defeating the purpose of reading in the first place.

How Can You Help?

Parents, caregivers, and family child care providers often ask, "What can I do to help a child become a good reader?" The answer is: read. Read to the children and read to yourself. Children want to be like the important adults in their lives. Seeing these adults read presents a strong positive impression to young children. It shows them that books are enjoyable and a source of pleasure as well as information. Children who start school with a *desire* to read will learn to read more easily. More importantly, these children will be avid readers for life.

It is also valuable to provide print-related materials for children to use while playing. Many children play at cooking, but do they have old cookbooks to use in their play? Most three- and four-year-olds have toy telephones, but do they have an old phone book in which to "look up numbers"? There are dolls in the housekeeping area, but are there books for children to "read" to them?

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Finally, try to make reading (and writing) meaningful for young children. Show them that if you want to cook, you read the recipe; if you want to find a special place, you read the sign; if you want to know what a far-away friend is doing, you read her letter. Point out road signs, store and library signs, and other things in the environment to read. These kinds of everyday reading activities help reinforce the idea that the ability to read is an important skill to have.

Helping children learn to love reading is a gift that all adults who care about children can give. It doesn't take any training, and it certainly doesn't take special workbooks or ditto sheets. What it does take is recognizing what really contributes to a child's becoming a good reader—the *desire* to read. By becoming aware of reading opportunities that are meaningful to children, adults can maximize development of their natural desire.

Books About Books and Reading:

More Than ABC's, by Judith A. Schickedenz. National Association for the Education of Young Children, 1986.

Family Literacy, by Denny Taylor. Heinemann Educational Books, 1983.

Choosing Books for Kids, by Joanne Oppenheim, Barbara Brenner, and Betty D. Boegehold. Ballantine Books, 1986.

The New Read-Aloud Handbook, by Jim Trelease. Penguin Books, 1989.

Sharon Phillips is an early childhood instructor for the Boston University Overseas Program. She provides training for Army-sponsored providers and lives in Heidelberg, Germany, with her husband who is an officer with the U.S. Army. Previously, she was a consultant, trainer, and teacher in Washington, DC.

Choosing Children's Books

- If you have a good supply of books on hand, you know that each child has favorites that she wants read to her again and again. It could be the pictures, the characters in the story, the rhyming words or funny sounds, or even the colors that make her "feel at home" with a certain book. By becoming aware of which of these elements a child is drawn to, you'll be able to choose books that she will especially enjoy.

- If you know that one child especially loves a book with rhyming words, you can encourage her language skills by finding other books with rhymes. If another child likes books with lots of color, choose other colorful books for her.

- Almost without exception, a child will like a certain book because she feels an emotional tie with the story or characters. Most often, the child will be drawn to a family situation or a character who finds nurturing from a parent figure. Even if the story is about a tree, the child will more easily relate to the story if the tree is growing in the shade of a parent tree, or if it is a big tree watching over a sapling.

- A child will show you whether or not a book is right for her age level by her interest or restlessness. Generally, books with a simple story that can be read repeatedly are best for the toddler. The preschooler is more adventurous and can understand stories with a sequence of events. She will like books that use lots of sensory description, or ones which have a "touch" surface. As a child reaches age five and up, she is ready to experience a larger world and a more complicated story. Again, the child's level of interest is the best way to decide whether you've chosen the right book for her.

- When you read a book to the whole group, try letting the younger child hold a stuffed animal. Allowing her to use her other senses will help to keep her attention absorbed longer. She may tune in and out of a story that includes the sound effects of a train or an animal.

- An older child might stay interested longer if she can be the "reader" for certain phrases or if the book has a repetitive line that the group can chorus. A group of older children may enjoy acting out parts of a story.

- If your group especially loves a certain book, find out if the author or illustrator has other books available by checking, *Children's Books In Print*, a reference series listing books by subject, title, or author (includes illustrators). You'll find this series in libraries and bookstores. Another series to ask the reference librarian for is, *Something About the Author*, which also includes illustrators and will tell you everything that person has available. Children's librarians are wonderful resources. Most of them receive bibliographies on various subjects which they can share with you.

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Caring:

Information for family day-care providers

HELPING YOUNG CHILDREN GET ALONG TOGETHER

First Self Confidence, Then Cooperation

By the time children start kindergarten, they should have learned, more or less, to obey simple rules, follow a few instructions, play with other children, and cooperate with adults. That's all pretty remarkable, considering that five years before they were barely able to recognize their mother's face.

Just how well children learn to get along with others depends, to a large extent, on how they feel about themselves. If the adults who care for them have helped them to feel they are valued and competent, children are likely to be relaxed and friendly with others.

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These are some of the general ways you can help children develop this feeling of security and importance:

- Give them love and attention.
- Encourage them to try new things.
- Give them praise for their achievements.
- Set and enforce reasonable standards of behavior.
- Expect them to be successful and responsible.

Here are some specific ways you can help the children you care for feel appreciated and capable:

- Give each child a special place, shelf, book, or box, with his name on it for his things.
- Plan to have a special day for each child—"Betty's Day," "John's Day"—maybe every week (not just on birthdays). Celebrate with banners showing the child's name, refreshments, games, and stories chosen by the honored child.
- Include your children's names in the stories you read or tell.
- Ask for and use your children's ideas in planning activities.
- Give each child some responsibility for helping with daily activities.

- Plan activities that give each child, even the less able, a chance to lead, help, and give advice.
- Tape photos of your children and their artwork to the wall, refrigerator, or bulletin board.
- Set aside times for each child to describe something he's done or seen.

Age Makes a Difference

Children begin learning how to get along with others at birth and, in a fairly orderly way, continue this learning throughout childhood and adolescence. It will be easier for you to help children in their social development—and will save you some frustration and hassle—if you keep these growth stages in mind.

Remember, these are general guides only. Each child develops at his or her own pace.

Babies spend their first year learning about themselves and others. At 2 months they smile at others. At 3 months they can make happy sounds and can recognize their mothers and others who care for them. By 4 months, they withdraw from strangers, and by 10 months they can respond to their own name and can wave bye-bye.

One-year-olds may prefer being with adults but also like watching and being with children. They know the difference between boys and girls.

Two-year-olds like being around other children but play beside them, not with them.

Three-year-olds like being with both boys and girls, but mostly play alone. They are beginning to share toys. They may choose a special friend and may have imaginary playmates.

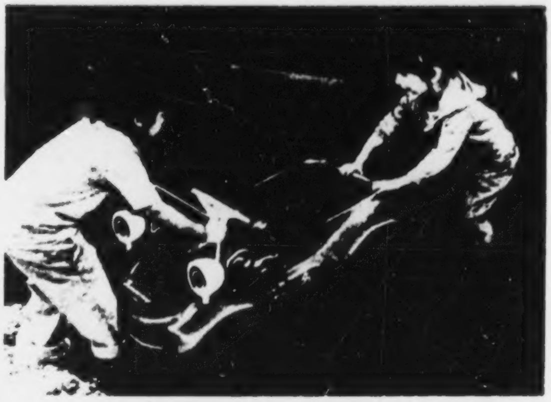
Four-year-olds will share things with special friends, want to be around other children most of the time, and play cooperatively with friends. They tend to play in groups of all boys and all girls.

Five-year-olds enjoy playing in groups of up to six children for short periods of time. They can play organized games if an adult is guiding the group. Often, they want to be leaders. They can sometimes work out their own problems and are beginning to realize the needs of others. They can use words instead of fists when they are angry.

Encourage Cooperation

Children copy what they see. If you want children to be caring, sharing, and cooperative with each other:

- Set a good example by being caring and cooperative with them and with their parents.
- Praise children when they are playing well together—don't only give attention to naughty behavior.
- Choose toys that encourage children to play together, such as hand puppets, costume boxes for make-believe, toy telephones, balls, beanbags, and building blocks.
- Avoid aggressive toys, like guns and war toys.
- Read and tell stories and choose TV programs that show cooperation and sharing.
- Plan activities that encourage cooperation, such as party planning, cookie baking, toy making, and holiday decorating.
- Give children a chance to do things for others. Older children can teach younger ones; children can make gifts and cards for each other, their parents, and other family members.



Sharing Isn't Easy

Jimmy wants to play with the bright red ball that Mary has been bouncing around the room. Mary grabs the ball and screams. They fight over it. Sound familiar? What to do?

Realize first of all that sharing is very difficult for young children. By the age of four, most children are able to share their things, but it doesn't happen without your help. Before children can learn to share their own personal things, they need to understand and feel secure in owning them. One way to handle the fight between Jimmy and Mary is to give Mary a chance *not* to share for a while with the understanding that Jimmy will have a turn later. Then help Jimmy find something else to do that he will enjoy.

To help young children feel secure in ownership, you might label each child's box of crayons and other items with his name in large letters, and give each child a special place to keep his own things. Until children learn to share, you can reduce fighting over toys by asking children to leave favorite toys at home.

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Caring:

Information for family day-care providers

GUIDANCE AND DISCIPLINE FOR YOUNG CHILDREN

"Love me, limit me, and help me to achieve."

You guide and discipline children to help them learn and grow, and to keep them from hurting themselves and others. When you discipline children in the right way, you are showing you love them and want them to be happy, responsible, and caring. Children learn to do things by watching others. They also learn by finding out what makes them feel good or gets them the attention or love they want from others. You want children to learn, but you also want them to feel good about themselves. If, when you discipline or punish, you leave them feeling they are unloved, bad, stupid, or incompetent, they may give up trying to learn.

Age Makes a Difference

Match your guidance to the child's age. Behavior that is naughty for an older child may be normal for one who is younger.

One-year-olds are learning fast. They are curious and explore and get into dangerous situations. They make messes.

Two-year-olds are learning to get what they want. They don't want to share their things, they want to do things the same way over and over, and they say "No" often.

Three-year-olds try to please. They mind fairly well and can accept suggestions and follow orders.

Four-year-olds tend to be bossy and to think they are important. They brag and stretch the truth. They can follow rules.

Five-year-olds are dependable, like praise, want to please, and can cooperate with adults and other children.

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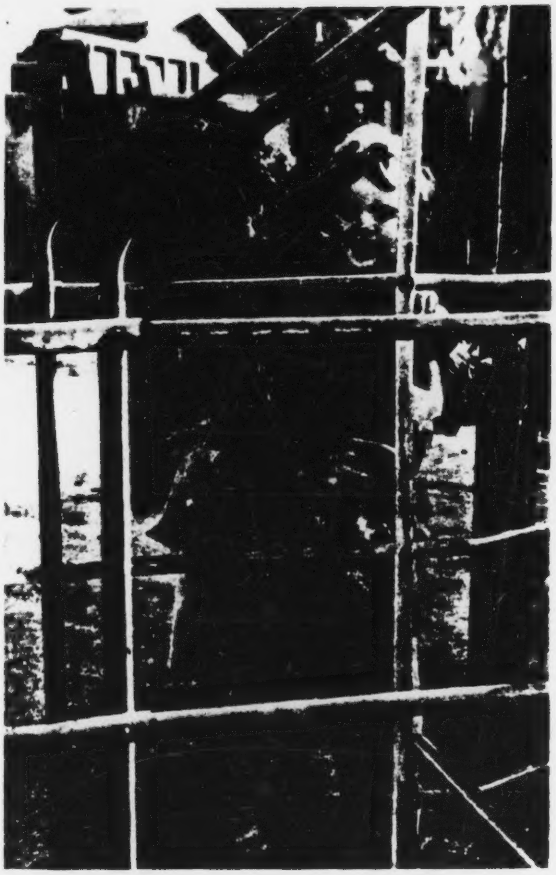
Some Discipline Guidelines:

- When you discipline, explain why you are doing it.
- Tell children what they should do, not what they should not do. "We will hold hands while we walk here" instead of "Don't walk alone."
- Try giving more attention and praise for good behavior and less for naughty behavior. Don't make punishment a reward. Children who like attention may be naughty just to get it.
- Plan ahead. Let your children know when they first come to your home how you want them to behave (the house rules), and what you will do if they misbehave.
- Set things up to encourage good behavior. Have enough space so children can play alone, enough toys to reduce arguments, enough rest periods to minimize crankiness, enough planned activities to keep children from being bored. Put away breakable and dangerous things.
- When children are naughty, talk to them and listen to try to find out why they did what they did. Did they just make a mistake? are they angry at you? are they trying to get attention? are they upset about something else? are they sick or tired?
- Follow through. Be consistent in enforcing rules and behavior standards. If you have a rule, enforce it.
- Teach by example. If you hit children for hitting others, they won't understand why *they* can't hit.
- Focus on the naughty action, not the child. "That was a bad thing to do," not "You are a bad boy."



Three Ways to Discipline:

Time out—call time out when children fight, squabble, or misbehave. Ask each child to go to a separate place for five minutes to play alone. This gives each a chance to calm down and to understand that you will not allow this kind of misbehavior.

Tradeoff—when chidren get into trouble, stop them, explain why you are stopping them, and suggest another activity. When they scribble on the wall, give them paper and crayons. When they race dangerously indoors, take them outside for a game of chase. When they throw books at each other, gather them for a story time or organize a beanbag toss game.

Fix-up—when children cause trouble or hurt, expect them to fix it up—or at least to help. If they spill milk, give them a cloth to clean it up. If they break a toy, ask them to help you fix it. If they make a child cry, have them help with the soothing. If they throw toys around the room, ask them to put them away.

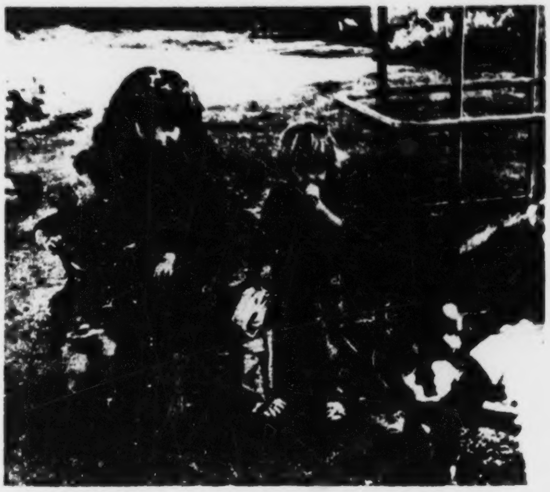
Temper Tantrums

Sometimes children between the ages of 1 and 3 have temper tantrums. They may cry, shout, hit, bite, throw themselves on the floor, and kick. Some hold their breath. You may not know what started the tantrum—you *do* know you want it to stop.

Some children have tantrums because they have learned it is a way to get attention or to get something else that they want. Others copy parents who have quick tempers. It seems that most tantrums are caused by the frustration and anger children feel if they are too often told what to do and what not to do. Children seem to have temper tantrums most easily when they are over-tired, hungry, or very excited.

There is no magic way to handle tantrums, but here are some suggestions:

- Try to remain calm—often hard to do!
- Keep the child from hurting himself or others.
- Separate him from the other children.
- When she has calmed down, comfort her and try to understand the reason for the tantrum.
- Don't give the child what she wants—she can learn to use tantrums to get her own way.



Working with Parents

You and the child's parents may have different ways of disciplining. That is okay. When you first meet the parents, listen to their ideas, then tell them how you discipline and why. Some of the parents' ideas may be helpful to you. Try to come to an agreement about the discipline that will be used with their children. Remind parents that California State Law forbids you and all licensed family day-care providers to use physical or unusual punishment, humiliation, intimidation, mental abuse, or to punish by interfering with their daily functions of living, such as eating, sleeping, and toilet use.

In the end, you, not the children's parents, must be responsible for setting the rules and discipline patterns that you believe will best help and guide the children in your day-care home. Most parents will understand and appreciate this.

If you would like to receive other leaflets in the *Caring* series, contact your county University of California Cooperative Extension Home Economist, whose address is given below.

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Guidance and discipline

Family Daycare exchange

Regardless of what your parents or neighbors may claim--all children occasionally misbehave. Sometimes they do it on purpose, but more often than not it's unintentional. Misbehavior just happens as part of learning--because the child does not know what the limits are and may not see a situation the same way adults do. Splashing in the bath, for instance, is great fun and excitement for a three-year-old. But an adult may only be thinking about the wet floor.

Whatever you decide to do, it's important to explain to the child why you are taking that action. For instance, if you are separating one child from others because he or she is constantly bothering them, tell the youngster that right now he's/she's disturbing the others and needs to spend some quiet time alone.

When a child misbehaves, it's important for you to try to realize why: Is it to get attention? Is the child uncomfortable? Does the youngster need help learning to get along with other kids or learning to share toys and your attention?

How you deal with misbehavior depends upon the situation. Some behavior is best ignored. Other times, you'll need to separate one child from the others. And you may have to help children settle a dispute. It may take longer to deal with misbehavior this way. But in the end, you'll help the child learn acceptable behavior and self-control.

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When kids' behavior makes adults blush

Swearing, racial slurs, and sexual play by children can make adults uncomfortable. And even if you're not bothered by such behavior, your clients may be--especially if their children learn those new behaviors in your home. So it's important for you to know how to react when these behaviors occur.

It's often best to ignore swearing and name-calling or show your disapproval casually so as not to call undue attention to the words by reacting to them.

If the behavior happens frequently or the child seems obsessed by it, tell the youngster: "That kind of language isn't acceptable in my home" or "If you want to talk like that, go into the back bedroom because we don't want to hear it." That way, the child has to decide between misbehaving alone or being with "more civilized" company.

Sexual play in young children is a natural outgrowth of their exploration of their own bodies. Children often discover that touching their genitals is as pleasant as thumb-sucking or twisting a lock of hair. But masturbation and "playing doctor" are less socially acceptable.

They're not harmful, however. And the best way to deal with them is to ignore the behaviors or to give children something else to do with their hands. Calling attention to the actions or punishing the children may only cause them to feel guilty about sex. And it may teach them that bodies are bad or shameful.

Older children can be taught that some activities are private and need to be controlled. You can help teach the children that some behaviors can be unacceptable without being bad.

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What about lying?

Preschool children cannot tell the difference between fantasy and reality. They do not understand the concept of lying. If you see a child doing something wrong, it is pointless to ask the child whether or not he or she has done it. Also, don't ask the child why he or she has done something wrong, since preschool children usually cannot adequately express their intentions. Older children who can tell the difference between fantasy and reality also may lie if they fear punishment. To encourage telling the truth, this behavior must be rewarded or praised. Be careful not to punish children for behaviors admitted to in truthful confessions.

and thumb sucking?

Thumbsucking is normal in infants. Although many preschool children occasionally suck their thumbs when they are tired or insecure, by the time children start school, peer pressure usually causes thumbsucking to stop.

There is controversy in the dental profession regarding the long-term effects of thumbsucking. Some dentists maintain that children can change the shape of their teeth or jaws, thereby requiring braces to correct the problem. Other dentists say that any changes would require almost constant thumbsucking and that such changes would only be temporary.

If you and the parents are concerned about an older child's thumbsucking, you might think about when the thumbsucking occurs and under what circumstances. If the child is tired, feeling insecure, or threatened, asking the child to stop sucking his or her thumb will not correct the situation. If the child is bored, perhaps involving the child in a more interesting activity will make the thumb less attractive. Again, try to avoid calling attention to the thumbsucking. Instead, praise the child for alternate activities.

How far can I go before you say "NO"?

Children are new to this world, so they can't be expected to know what we already know--including our standards for how and how not to behave. Youngsters don't know the consequences of behaving in certain ways. They need to find out, so they test and watch the results.

For instance, children may push to see how far whining or an argument can be pushed. Then they observe. If their behavior is rewarded, they will repeat it. If the behavior gets no reward or brings a negative response, the child learns NOT to behave that way.

This may sound easy, but it's complicated by the fact that children learn by what actually happens and not just by what they are told. So if an adult commands "NO snacking before dinner," but the child often gets away with it, then the message comes through that "snacking before dinner is sometimes okay."

A second complication is that adults often reward negative behavior without knowing it. Some children, for instance, may act up to gain attention. They may even see the resulting adult anger as a positive form of attention.

Guiding children's behavior isn't easy and it's not something adults automatically understand. But this is one area in which you can help parents--especially new parents--by sharing this information on child-rearing.

Happy trade-off

Redirection means substituting an acceptable activity for a less acceptable one. It's a useful tool for anyone who works with young children.

For example, if a child was chewing on a book, you could take the book away and give the child something that could safely be chewed on. Or when a child starts to scribble on your wall, explain that "walls aren't for scribbling but paper is." Then lead the child to the table and give him/her paper and crayons for drawing.

This simple approach usually works better than nagging or scolding or punishing a child. And it's especially helpful with babies and toddlers who are too young to understand why they cannot play with or do certain things.

So next time you want to stop what a child is doing without calling special attention to the behavior or punishing the child, try directing the child's interest to a new activity.

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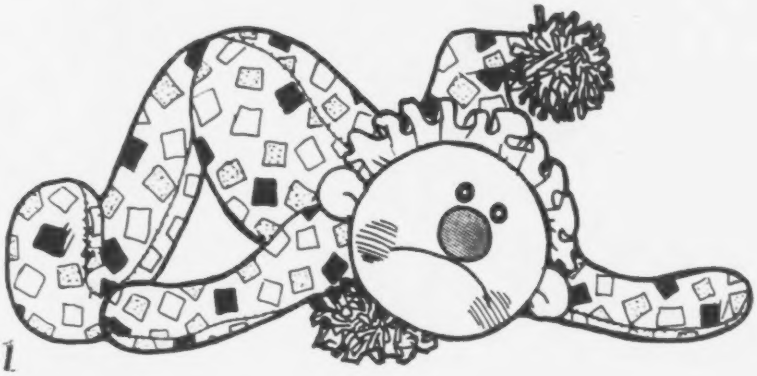
Kids can be so annoying

While caring for children, don't be surprised if you see some behaviors that may annoy you. Be calm and try to be patient. Of course, limits must be set for the sake of both the individual child and others. The trick is to understand children. Remember that they don't set out or plan to annoy you. They are simply busy exploring their world and enjoying themselves.

For each item listed below, circle the number that best describes how the behavior makes you feel.

Behavior	Doesn't annoy me	Bothers me a little	Is annoying	Can't stand
squeals loudly	1	2	3	4
messes in food	1	2	3	4
plays with diapers	1	2	3	4
dumps toys everywhere	1	2	3	4
throws toys	1	2	3	4
wiggles while being dressed	1	2	3	4
sucks thumb	1	2	3	4
cries for parent without let-up	1	2	3	4
doesn't want to stop anything while having fun	1	2	3	4
refuses to eat certain foods	1	2	3	4
says "No!" to everything	1	2	3	4
insists on helping you do things	1	2	3	4
wants to do things own way, at own speed	1	2	3	4

Look at the behaviors you rated 3 or 4. Remember that they are a common part of child behaviors, not intended to upset you. Don't get angry, keep your voice calm and avoid a needless argument with a 2 year old.



Your behavior

How do you behave all day in your family day care home? Your behavior probably varies according to what you are doing, who you are with and a variety of other things. Children learn how to behave by watching the people, especially adults, around them. If they are treated with kindness, their behavior usually will reflect that. If they hear harsh words or manners, young ones are likely to copy them as well.

These are some of the qualities that characterize some behaviors:

Encouraging	The provider encourages children in their selection of toys and play. The provider uses words and short sentences to name things. This helps children understand more about the things and people in their world.
Guiding	The provider helps the children through a period of play, diaper changes, meals, or naps. Guiding can be more or less firm or direct but it means getting through the routines in a positive way without much conflict.
Restricting	The provider makes it clear to the children that there are definite rules and penalties. For example, biting is not allowed.
Neutral	The provider neither encourages, guides, nor restricts. She may or may not talk to the children.

What kinds of behavior do you find yourself using most? If you find that you spend most of your time IGNORING or RESTRICTING children, you may want to find some new ways to use the environment so that you can ENCOURAGE and GUIDE more often.

A "yes" place

It gets pretty frustrating for kids to be told "don't run in the house," "don't pound on the piano," "don't touch the statue."

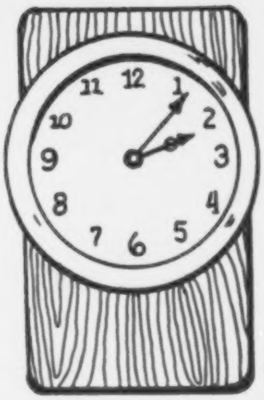
If your household is full of "no's," you may be making it unnecessarily tough on the children you care for. Sooner or later, one of them is bound to break a rule and that may result in an incident that leaves both of you unhappy.

So for the children's sake and your own, create a "yes" place--one where kids can feel free to explore.

Pack away breakable items or put them out of reach of children. And rather than yelling at the kids when they wander down the street, fence in all or a part of your yard, if that's possible.

Make enough interesting toys, games, and activities available to the kids and they'll be less likely to get into trouble with your furnishings.

The fewer restrictions there are in an environment, the more chances there will be for children to get positive--rather than negative--feedback from you.



Try time out

Time-Out is a positive technique that can be used when the children you care for are squabbling and their behavior is really annoying. It can be used effectively with children aged 3-12. It should be viewed as a calming device, not a punishment. It is just a short boring period of time away from others.

To use this technique, explain it to the children when everyone is happy and things are going well. Give them an example, "The next time you argue about toys we're going to try a Time-Out. That means each of you goes to a different place for five minutes. I will let you know when five minutes are up." Assign each child a separate place to go--to a bedroom, on a sofa, in a beanbag chair.

When you call a Time-Out it is important to announce it calmly. Otherwise it will be viewed as a punishment. Time-Out gives children a chance to calm down, think about what happened and realize that you will not allow the behavior to continue. When the Time-Out is over, let the children know that "five minutes are up."

The first time you try it the children may be puzzled. After they become familiar with it, they accept it and may even call Time-Out on themselves.

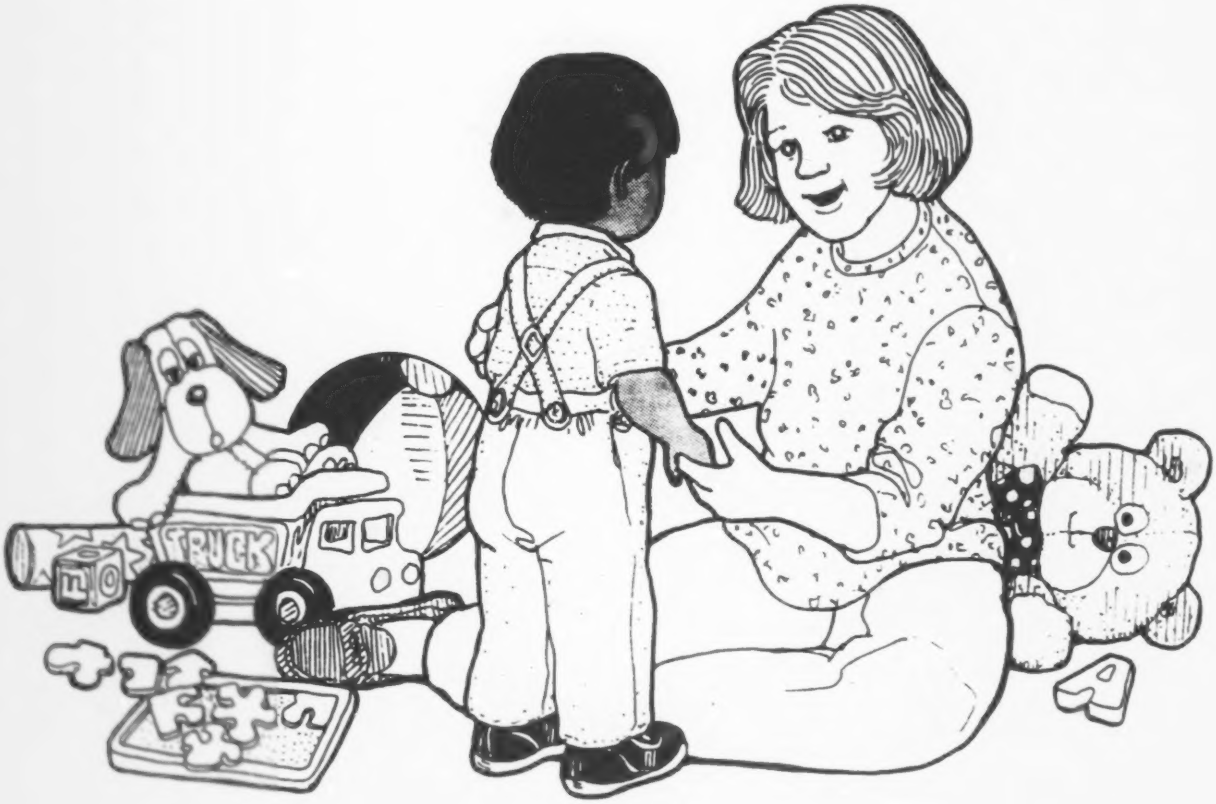
A variation of this technique with toddlers is to lift the little one from the situation, move a short distance away from the problem situation, and give a short explanation like, "No biting people." Return to comfort the other child and provide something for that child to do. Then go back to the first youngster, explaining that "We do not bite people. If you are angry, you can come and tell me. Now let's find a puzzle for you to do."

There are many other positive guidance techniques that may be of help. Check the "For more information" section at the back for books you may want to read.

Give positive rewards

To help children learn appropriate or "good behavior," pay attention to and praise that kind of behavior. Remember, attention provides motivation for the child to want to repeat behavior. Children often do things to get an adult's attention. If an adult only gives attention to bad behavior, the child will misbehave in order to receive the attention. If an adult gives attention to good behavior, the child knows that attention can be gained that way. Look for opportunities to reward children with praise.

Child:	You:
Plays happily	Find time to play with the child.
Talks and laughs	Listen and answer the child.
Washes hands for lunch	Say to the child, "How nice, you washed your hands all by yourself."
Puts away toys	Say, "You really helped by putting away your toys."
Shares with another child	Smile and say, "You're learning to share."



Choose your words carefully

Sure, there are times an adult has to say no to a child, but other times, just by rephrasing your comments, you can get a point across in a positive rather than a negative manner.

By thinking twice before you speak, you can help that child feel more important and confident. For instance:

Instead of this:	Try this:
"Put your coat and boots on now!"	"How fast can you put your coat and boots on?"
"Pick up those blocks."	"You pick up a block and I'll pick up a block."
"Give me that."	"I'll trade you this toy for that thing."
"Eat your food!"	"How many beans can you eat?"
"Don't pinch the baby."	"Be gentle. Touch the baby like this."
"Don't run in the house."	"Remember, running is for outside."
"That's not the way to do that."	"Let's see if we can figure out a better way to do that."

The more you practice it, the easier it will be to talk positively.

How do you complain?

It's a common mistake--but it still hurts:

A child tries an adult's patience or fails to meet expectations, so the adult teases or complains--

> "You're a scaredy cat."
> "Don't act like a baby."
> or "You're a bad boy."

Comments like these may not stop the behavior adults object to, but the words do succeed in making the children feel badly about themselves.

So, whenever you comment on a child's actions, make sure you comment on the action itself and not on the child. That way a child can learn that he or she can be loved and accepted even when his or her actions aren't acceptable.

Getting ready for toilet training

Toilet training is a controversial subject for parents and daycare providers.

For the sake of convenience--especially when both parents work outside the home--parents may want you to toilet train a child even before you think the youngster is ready.

So, when it comes close to the time that toilet training seems possible or desirable, sit down with the parents to talk about it. You must cooperate on the project so your behavior with the child will be consistent. That way, the child won't be expected to be trained at one home and not in the other.

You can use your time with the parents to discuss whether the child is ready. The following guide might be a helpful one to share--especially with first-time parents:

A child is READY to be toilet trained if he or she--

1. can sit and walk easily.
2. can remove and pull on loose-fitting pants and underpants.
3. can understand and will follow simple instructions.
4. remains dry for several hours at a time.
5. enjoys doing things to get your approval.
6. is aware when he or she has eliminated.

And use your conference to decide more practical matters, like:

Who is responsible for starting to toilet train the child?

Who will supply the training pants and the extra set of clothing that will be needed?

Who will clean the pants?

If the dirty pants are to be stored during the day at your house, who will provide the container?

You might wish to recommend--or even lend--the following books to parents so they can learn more about toilet training:

Infant and Child Care by Dr. Spock
The Second Twelve Months of Life by Frank and Theresa Caplan

Idea exchange

Q It happens without fail. Christy is good all day until her mother comes and then Christy does things she would never do if she were alone with me.

When Christy acts up her mother just stands there and never does anything to stop her. Should I do something to stop Christy if her mother won't raise a hand? --"Concerned"

A Pick-up time is often awkward for parents and providers. And youngsters may try to take advantage of the situation to play one adult against the other to see who is really in charge.

But remember, "the rules of the house" still apply. It's your house, so it's up to you to see that the child is disciplined even if the parent seems unwilling to do it.

(If you asked the parent, you might find that she is hesitant to act because she thinks you are willing to let children behave that way in your house.)

By taking charge, you show both the child and the parent that you do set limits on a child's behavior. If you fail to act, the parent may think you keep a rather rowdy household. And the child may figure that your rules don't always hold--especially when her mother is present.

Q One of the mothers I work for insists that I start toilet training her child, but the boy is much too young--only a year old. I don't want to spend my time cleaning up after the baby until he is ready to train, but how can I tell his mother? --"Puzzled"

A First, you might show her the guide to deciding whether a child is ready for toilet training (see page 9 of this newsletter). This may give her some information she is not aware of--especially if this is her first child.

Then, you might explain that you are concerned about the quality of the care of children in your home and that your ability to supervise is lessened when much of your time has to be spent in cleaning up your carpets and furniture--as well as the child that is being toilet trained.

Explain that because of this you would prefer not to toilet train the child until he is ready to learn. This will be more helpful for the child, the parents, and you.

Q Is it okay to give toys or food to kids when they do what you want them to do? Or is that kind of bribing bad for kids? --"Too Soon"

A Giving objects to kids is just one way of rewarding them. But it has big drawbacks.

For one thing, if kids get used to getting something, they may refuse to behave properly unless you give them a gift. They may even learn to bargain for bigger or more expensive gifts.

It's not good to use food (especially sweets) as rewards because it may lead to future dental and weight problems.

Instead, reward the children with smiles, hugs, pats, and kind words. Kids are very responsive to these "social" rewards and they have none of the drawbacks of "material" rewards.

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Pick the best response

Here's a self-test you can use to gauge your own responses to discipline situations.

Under each example, check the response that you think is most useful. To check your responses with ours, look at the last page of this newsletter.

1. When a toddler reaches out for a pot set on the kitchen stove, you

____a. firmly swat the child's rear and shout "No, No."

____b. hurry to the stove, remove the pot, and tell the child that it is hot.

2. When a four-year-old spills milk at the table, you

____a. provide a cloth to clean up the mess.

____b. say "Clumsy! What's the matter with you?"

3. After a five-year-old boy hits a three-year-old girl for knocking over the tower he was building in the living room, you

____a. get angry at the five-year-old and punish him by sending him to a room by himself without toys or books.

____b. calm down the younger child, then ask the five-year-old why he hit her and suggest other ways the five-year-old could deal with the situation.

4. A three-year-old is throwing blocks at the wall, you

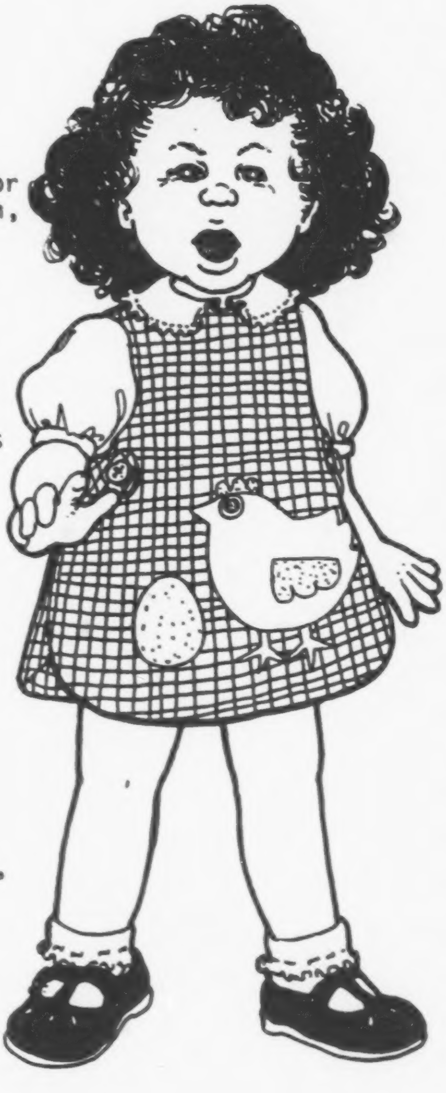
____a. slap the child's hands and take the blocks away.

____b. take the next block out of the child's hands and explain that "blocks are for building, not for throwing," then show the child how to combine the blocks with another toy (a doll or car) to build something.

5. A five-year-old girl swears at another, you:

____a. tell the child that if she wants to talk like that, she can go into another room because no one wants to hear it.

____b. threaten to wash out her mouth with soap.



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Answers to the discipline quiz:
1.b, 2.a, 3.b, 4.b, 5.a

Family Daycare exchange

Prepared by Dorothy Labensohn, extension specialist in human development and family life, with assistance from Barb Abbott, extension communications specialist. Designed and illustrated by Lonna Nachtigal. This publication was originally developed by Labensohn in cooperation with Elizabeth Purkins, former extension communications specialist, Iowa State University, and was partially funded by the Title V Rural Development Act of 1972.

File: Family Life 2

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Texas Child Care Quarterly/Fall 1985

Helping children master separation

by Linda Gifford

"I want my mommy," Jessica cries. "I wanna go home."

Jessica's mother had slipped out of the room when Jessica started playing with the blocks. Jessica's face shows the betrayal she feels upon realizing that her mother has gone.

Bertha, the caregiver, doesn't know what to do. Other people have told her to ignore the crying because the child will get used to her mother's being gone after a while. Bertha wants to hold Jessica but is afraid she will cry more. Jessica's sobs are so sad. They remind Bertha of how she cried when her mother died last year. Finally Bertha can't stand it any longer. She picks up Jessica and sits down with her in the big rocking chair. At first Jessica resists, but as Bertha begins to talk, Jessica's body relaxes and her sobbing slows down.

Words spill out of Bertha's mouth. She tells Jessica about her mother and how much she misses her. "It's okay to cry and to miss your mother and daddy," Bertha says. "They'll come back." She tells Jessica that most children feel sad when they come for the first time and that each day will hurt a little less.

As Jessica stops crying, another child comes up to the chair to pat Bertha's leg and Jessica's back. Bertha tells Jessica it's time to go outside to play and asks if she wants to bring a teddy bear along. Jessica nods. The other child helps her get it from her basket.

As the children go outside, Bertha suddenly realizes this is the first time she has talked about her mother without crying. In fact, talking has felt good. Smiling at Jessica, Bertha knows the child will cry several more times but now Bertha does not feel quite so helpless. She knows she can help Jessica grow through this change.

Both Jessica and her caregiver are dealing with separation. Separation occurs throughout life. Sometimes separation is minor, such as a friend moving away, but at other times it is more severe. The ultimate separation is death.

Rita Warren (1977) calls separation "a developmental challenge." She says the way adults help children deal with separation will have a lasting effect on how they handle separations later.

Like all developmental challenges, separation can be an experience of successful mastery or frustrating failure. Each successful separation strengthens children's trust in themselves and the people significant in their lives. Child care provides special opportunities for children to master the challenge of separation. Warren offers three suggestions for success: take separation seriously, be honest, and provide support.

Take separation seriously

Often in child care, separation is downplayed or glossed over. Perhaps caregivers are afraid that dealing with separation will upset already guilt-ridden parents or that it will be bad for business. Caregivers are often advised to ignore the cries of a new child. But many nurturing caregivers like Bertha know instinctively that ignoring a child's cries isn't right.

Depending upon the child's age and past experience, separation can be extremely painful. Every child is a unique individual, but some behaviors are common to certain ages and are helpful in understanding what is happening.

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Infants up to 6 months old often show the least signs of being upset by separation from their parents. At this age they learn to recognize a parent's voice, face, smell, and manner of handling. If they are upset or hungry, they will accept the comfort and help of someone else, especially someone who smiles at them.

One problem is that in caring for a newly enrolled infant, the caregiver will not be able to recognize the baby's cues for needing attention or will interpret these cues incorrectly. As a result, the baby stops trying to communicate and play until someone who can interpret better is available. Caregivers who have a chance to play with a new baby in the presence of the parents have a head start in knowing what the baby really needs.

From 6 to 9 months of age, infants form a special attachment to their parents. They prefer their parents to comfort them if they are available. Sometimes babies at this age seem to fall apart when they are picked up by parents. A baby may have forgotten for a while that mom or dad wasn't there, but when the parent appears, all the sad feelings return. Some infants are so overcome that they turn away from their parents. Instead of saying, "Sally hasn't cried all day until now," it would be more helpful for caregivers to say, "Sally is crying now because she remembers how much she misses you."

Children from 9 months to 2 years often have the roughest time with separation. They have discovered that a parent does not cease to exist when out of sight, but they cannot keep the mental image of the parent in their minds as a comfort. That is why they continuously ask for mommy and need to be assured again and again that she will return.

During this stage the child follows the parent around from room to room. If the mother leaves, the child tries to get her back by banging on the door, crying, or crawling or walking after her. Some children refuse to eat, sleep, or remove their coats.

An unfamiliar person can be frightening. A new caregiver should avoid looking at the child's eyes or getting too close. Sometimes a caregiver can talk to a toddler by focusing on the child's shoes or toys. Having the parent stay a few minutes each day helps the child get used to the new place with the security of the parent present.

Some caregivers try to avoid mentioning the missing parents in the belief that not talking about them will keep the children distracted. However, talking about parents builds a connection to those loved persons and makes it easier for the caregiver to be loved and trusted. The caregiver also might ask parents to leave something such as a picture of themselves or a comb.

This will help remind the child that mommy and daddy are not gone forever and will soon return. One mother cut up an old quilted bathrobe into small squares. The child carried the squares in his pocket and played with them only at nap time.

It's important to plan interesting activities for toddlers. Building with blocks, painting, and playing with water will help toddlers keep busy and make the time pass quickly. These activities also will help children develop new skills. With these new skills comes new confidence.

Children from 2 to 5 years old often handle separation with more ease, especially if they have had some past success with separation. However, caregivers may see a return to babyish behavior—tantrums, wetting pants, thumb sucking, baby talk, or refusal to eat.

These behaviors are best handled with kindness and patience. First days are not the time to emphasize learning the rules and routines. These days should be devoted to building trust and confidence. Sometimes children are using so much of their energy to deal with the pain of separation that they have no strength left to act their age. The kinder the caregiver is, the sooner she will get more mature behavior from the child.

Children of this age can be helped a great deal by other children. Remind children in the group how they felt the first few days and encourage them to support the new child. Special toys or blankets from home can be helpful during the adjustment.

Some children of this age seem to have no problem at first, but during the second week their behavior changes. This is usually a healthy sign and means a child is comfortable enough in the new place to show his true feelings. During this time a call to mother at an agreed-upon hour might help comfort both parent and child.

Children who feel deserted by their parents sometimes will refuse to leave the center at the end of the day. Parents may have to carry protesting children out to the car. Other well-known tricks are to take their time putting away their toys or to insist on a long drink of water.

Parents need the caregiver's help to understand this behavior. It is the preschool version of the baby who falls apart upon seeing the parent she has missed all day. The child has missed mommy and now wants to know if mommy really wants her. The caregiver can say, "Your mother knows it made you sad to be away from her today. It is okay to tell her that you are still angry at her. Mommy still loves you even when you are angry." This kind of comment will go a long way toward helping parents and children understand their mixed feelings on being reunited.

Taking separation seriously means taking extra time to work with parents and children. But the time is well-spent in terms of both the children's development and the parents' satisfaction. If a preschooler goes off to child care cheerfully the first week but protests the second week, uninformed parents may think something is wrong with the center or home. So they withdraw the child and make other care arrangements. But worst of all, the child has failed to master the separation. This failure may cause the child to be even less confident with the next separation.

Honesty

Jessica's mother probably thought that slipping out would be less painful and perhaps Jessica wouldn't notice her mother's absence. The separation was less painful for Jessica's mother but not for Jessica. It was not honest, and it did not build trust.

Adults are often dishonest with children. Perhaps they think protecting children from the truth is in the children's best interest. Phrases such as "the shot won't hurt," or "your grandmother has gone on a long trip," will not prevent the eventual pain of a vaccination or grandmother's death.

Separation issues are often handled the same way. Children are told their parents will not be gone long or they are going to have a wonderful time playing and not miss them at all. Sometimes caregivers tell children that mommy will be right back or that daddy doesn't want them to cry.

Adults know that separation hurts and often use it to control children's behavior. Some parents tell children if they don't hurry they will be left, or they teasingly agree to give their children away to strange people in a shopping market check-out line. Such comments don't build trust.

Being honest includes telling children "Your mom will be here after lunch, nap, snack, and outside play." With 5-year-olds, caregivers can show them where the hands will be on the clock when their parents pick them up at 5 p.m. In addition, caregivers should constantly talk about the parents and what they are doing. They should accept the children's feelings by saying, "I know you miss your mom, and it's okay to cry when you are sad."

Parents should be encouraged to talk to their children about things that frighten them such as a new job or going to a new place. Knowing that other people, even adults, become frightened and still deal successfully with separation can be a big help to children.

Caregivers also should be honest with parents about separation. They should inform parents in advance that adjustment to new caregivers takes about three weeks and that distress is normal. In talking to parents, caregivers should give accurate information about the child's behavior during the day. This kind of honesty helps parents be more supportive.

Providing support

Anything that bridges the gap between the child-care facility and the child's home will help to guarantee the success of the separation. The first kind of support comes before the child is actually placed in the center. Parents may fill out a form giving information about their children. Sensitive caregivers can use information to help children feel more at home, with comments such as, "Did you know I have a dog like yours?" or "Does your older brother play with you at home?"

A preplacement visit is a good idea even if it is just a few minutes the day before. This visit should include a tour of the home or center. Caregivers should point out where the bathrooms are and where the napping will take place. Toys can be available to involve the child in play. Caregivers can show the child where to place his personal belongings. If possible, caregivers can play with the child. However, because toddlers are often frightened by a direct approach from strange adults, the caregiver can place an interesting toy within the toddler's

reach and allow the child to begin the interaction.

Anything a caregiver can find out about a child will help make the first day more comfortable. If the child shows interest in puzzles, the caregiver can remember that for the child's first day. Parents may have the child choose a favorite toy to bring. Some caregivers take the child's picture and place it next to the child's cubby or basket to show that the child belongs.

The healthiest way to handle separation in preschoolers is to have them leave mom instead of having mom leave them. The parent might say, "I can stay for a few minutes until you are comfortable. I will sit here by the door. You tell me when to leave. I won't leave until you are ready."

If that doesn't work, the caregiver can step in and say, "Your mom needs to go now. Tell her good-bye and ask her to bring you a banana or apple when she picks you up." Frequently, a child separates more easily from one family member than another. If David puts up a fuss with dad but not with his stepmother, encourage the stepmother to bring him.

Help children to see how successfully they are coping. "I know you feel sad now, but you ate lunch and helped clean up the block area. I think you are doing just great. I am proud of you, and I am going to tell your daddy how well you are doing when he picks you up."

A well-equipped and well-planned early childhood program will provide opportunities for children to learn to express their feelings and to role play the separation. Playing in the dramatic play center, using puppets, reading books on separation issues, and using unstructured materials such as clay, blocks, sand, water, and paints will give children chances to work through these feelings.

Separation is a developmental challenge. When taken seriously, dealt with honestly, and supported by understanding caregivers and parents, separation can set a pattern for successfully coping with it in the future. Responding to "I want my mommy" is only the beginning.

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BITING:

Just say "No!"

Children bite for many reasons. Infants may bite to "taste" another child, as they do everything interesting. Toddlers usually start biting out of frustration: They want something someone else has, or someone is trying to get what they have. Often they are angry and don't know how else to show it.

Once they start, children soon find out that biting works. Other children give in upon being bitten. As a bonus, they may get attention from you. If the room lacks stimulating things to do, even your anger may be better than boredom.

How you handle that first bite may make the difference between continued biting or a quick end to the behavior.

People have tried many ways to stop biting over the years, and sometimes they claim success. But most of these methods have serious drawbacks.

"I bit him back and he never bit again," reported one mother. How can you teach children not to bite by biting them? What they are most likely to learn is "Don't bite someone bigger than you." Allowing the victim to bite the biter also sends a mixed message: "Don't bite someone unless you won't get caught."

Another method is to give children something to bite on to help release tension when they are frustrated. But this method only redirects tension, usually until the next time they are frustrated. If the acceptable object is not around, they will still resort to the release they know best: biting.

Ignoring the biter and comforting the victim also can result in more biting, since the biter is rewarded by the victim's reaction and may not mind being ignored by you. This method can backfire in another way: Some children encourage being bitten—for example, by trying to get a toy from a known biter—in order to get attention from the caregiver.

Sending the family to counseling may help. But until counseling starts having any effect, biting will continue to the detriment of the children and the ire of parents. Strategies that depend on handling the problem later, or by someone other than the caregiver, such as sending the child to the director or trying to get the parents to handle the behavior at home, often fail because of the delay in reaction. It

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you delay the response, children may not connect the biting to the correction. Children may also continue to bite because of the added attention they get from other adults.

The most successful technique is to nip biting in the bud. As soon as you see a child bite, get down on the level of the biter, grip the child firmly by the shoulders, and look the child in the eye. The biter must see and hear that you are more serious than you have ever been. Say firmly, "No, you cannot bite!" Then turn away.

This method works because it doesn't allow the child to enjoy the reward gained from biting, yet it doesn't give the child enough attention to encourage biting as a way of getting your attention. It's important that you keep an eye on the biter to stop the next attempt before teeth touch the skin. Step in and handle the attempted bite exactly as you would had it been successful.

Saying "No!" firmly will not work if you say it often to stop behaviors that could more appropriately be redirected. "No!" carries power when it is the strongest admonishment the child has ever heard you use.

No technique works every time. When children are bored because of a lack of interesting things to do in the room, biting and the caregiver's and children's reactions are more fun than just doing nothing.

While we cannot control what happens at children's homes, we can inform parents about the causes of biting and appropriate ways to deal with it. Share the parenting newsletter in this issue.

Saying "No!" firmly will not work if you say it often to stop behaviors that could more appropriately be redirected. "No!" carries power when it is the strongest admonishment the child has ever heard you use.

If biting continues, look at the total circumstances and consider other options: moving a child up when skills indicate readiness, getting help for a troubled family, planning activities that interest and challenge the child, offering other ways of expressing frustration such as pounding play dough or hammering pegs, and giving the child positive attention when not biting. However, when you feel that you have tried everything and a child is still biting, the only solution may be to change the child's environment—a new room or different child-care facility—where no pattern of misbehavior has been established.

Encourage natural and self-motivated learning

At ages 1 and 2, children are struggling with self-control. They are experimenting with independence, while still depending on adults to meet basic needs. They are beginning to interact with other children and learning acceptable ways to express their feelings.

As caregivers, our goal is to provide a positive environment for natural and self-motivated learning. With toileting, we wait until children are ready and give them support and encouragement. With their expression of feelings through biting, we acknowledge their frustration but say "No" to biting. We cooperate with parents and work together on what is best for each child. ❦

PHOTO BY RON FLORENCE

About the author

Bill Carver is program supervisor of the Infant and Toddler Program at the University of Texas Child and Family Lab in Austin. He teaches infant and child development courses and has been a family day-home provider and a center director.

APPLES ARE FOR BITING, NOT PEOPLE

from *So This is Normal*, edited by Audrey S. Robertson
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Observations about biting are difficult to achieve because nobody can (or should) sit quietly by while one child bites another or a child bites you. Deal with biting, but try to remember from day to day if there is any pattern to when it takes place; what is happening at the time; and what the child seemed to be feeling before the impulse to bite broke through. If you are able to observe a pattern, you may be able to remove the child before, rather than after, the child bites. This would be highly desirable for the biter as well as the victim. Because most adults react strongly to children's biting, they may not be observing as well as usual and may be failing to see a pattern even when one exists.

Some children can use substitutes, hard things to chew and bite which "redirect" the impulse. Others seem to be satisfied with nothing less than human flesh. You probably reacted strongly to that last phrase; this goes to show how scary biting is for most of us. If you do react very strongly, find a time with no children around and rant and rave about it to your heart's content. You need to express your feelings too!

One of the difficult things about handling biting is dealing with the other adults involved. If your child is the biter in the day care setting, you may feel anger or disappointment that the provider wasn't able to control your child. You probably feel embarrassed even if you acknowledge that biting is not an uncommon phenomenon among young children. If your child was the victim, you may feel angry at the provider, or the other child's parents, or even the child itself for the hurt caused to your child. Even though it is not a universal activity, this is probably a topic which should always be discussed by parents and caregivers so that everybody has some preparation if it should happen sometime in the future.

A LOOK AT US:

If your child is the biter, choose a time/situation in which your child is most likely to bite another person and do an observation using this sheet as your guide. If this regularly happens when your child is in day care and there is no way you can do the observation, ask your child's caregiver to do it for you. Moreover, you may both choose to do this. Based on the information recorded in the observation, answer the following questions.

My child bit, threatened to bite, or used similar aggressive behavior when:

☐ s/he tried to be part of a play situation but there weren't enough of the "desirable" toys to go around, no matter how many of the "desirable" toys were available.

☐ his/her age, skills, or abilities prevented his/her acceptance by the other children.

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☐ s/he had been playing for at least
    ☐ 30 minutes
    ☐ 1 hour
    ☐ 1½ hours
    ☐ more (specify _______________)

☐ any of the following children/adults were part of the play situation (specify and include age of each):

____

____

☐ there were the following number of person(s) involved with or near the child's activity:
    ☐ 1
    ☐ 2-5
    ☐ more (specify how many _________________)

☐ it was close to a meal or snack time

☐ shortly after meal or snack time

☐ s/he was cutting teeth

☐ s/he was being ignored

☐ it was close to a regular nap or bed time

☐ shortly upon awaking from sleep

☐ s/he seemed to be showing affection

List any other interesting factors that you noticed or that you or the caregiver have noticed at other times:

____

____

Based on these observations, I believe the following suggestions might help see us through this biting period: *(Check and follow through on those you feel will be helpful)*

☐ simplify his/her play situation

☐ decrease the number of companions below the amount that seems especially difficult for him or her to play with at this time

☐ shorten his/her play time and/or pay closer attention to his/her gear-up/wind-down needs

☐ provide more adult supervision

☐ teach him/her better ways to express anger and frustration such as biting on an apple or *(specify other)*:

____

____

☐ immediately isolate him/her from other children shortly after the biting incident, briefly stating that biting hurts people and will not be permitted.

☐ compliment him/her when s/he is getting along well with others.

Toilet-Teaching

An expert answers the most common questions parents have about toileting

By Joanna Cole

When do most children learn to use the toilet?

According to a recent study, the *average* age for learning to use the potty or toilet reliably for bowel and bladder is 28 months. Although it is important to remember that each child is an individual and develops at his own rate, generally speaking you can expect your child to achieve daytime control sometime between the ages of two and three, and nighttime control between three and four and a half.

Should I begin toilet-teaching early to give my child a head start?

No. Toilet-teaching is best started around the time the child becomes ready to learn and able to control his elimination. Most children do not have the physical ability to control their bowels before about eighteen months, and they do not achieve bladder control until sometime later. Beginning toilet-teaching early simply causes frustration for the parent and puts unnecessary pressure on a young toddler. Too-early toilet-teaching can actually delay progress rather than encourage it.

What are the signs of readiness for toilet learning?

A toddler may show some—but not necessarily all—of the following signs as he becomes ready for learning: pausing and making sounds and grimaces while having a bowel movement; being regular in bowel movements; staying dry for an hour or two in the daytime; waking up dry from a nap; complaining when wet or soiled; being aware that urine and feces come from his body; telling the parent when he has had or is having a bowel movement; generally liking to be clean and tidy; and wanting to imitate adults and be grown up.

Should I leave toilet learning up to my child and avoid making any demands on her?

No. Toddlers need to know what their parents expect of them. You should not push or pressure your child, but do watch for signs of readiness, prepare her gradually by teaching her about toileting over a period of time, and communicate very clearly that you have confidence that she will learn to use the potty and toilet when she is ready

How can I prepare my child for toilet learning?

In the course of your everyday activities point out when she is having a bowel movement or is urinating; teach her that urine and feces come from her body; teach her the words you want her to use for bathroom functions; allow her to observe others using the toilet and explain what it is for; read her a children's book about toilet learning; mention the advantages of staying clean and dry; get a potty chair and introduce it as her own possession; let her practice using the potty and praise her for success; mention that when she is bigger she will start using the potty all the time and will wear underpants "like a big girl."

When should I expect my child to stop wearing diapers and use the potty or toilet in the daytime?

When your toddler is between the ages of two and three, has shown some signs of readiness, and has had an ample period of preparation, you can expect him to become interested in giving up diapers. Switch from diapers to pants for waking activities if he (1) occasionally asks to have his diaper removed so he can use the potty; (2) tells you he wants underpants and doesn't want to wear dia-

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pers any more; or (3) has shown clearly that he is physically able to control elimination.

What should I do about accidents?

Expect a child to have accidents for a while after beginning and be relaxed about them. Express no anger or disapproval; don't scold, shame, or punish the child. Clean up calmly; and reassure her that "next time you'll remember to use the potty." During the day, give gentle reminders to use the potty to help her be successful.

If my child has been clean and dry for a while and suddenly begins having many accidents, what should I do?

Regressions to wetting and/or soiling are not uncommon in toddlers and are usually a reaction to stress. Look for sources of pressure in the child's life—separation from a parent, a new baby, starting nursery school, moving, etc.—and try to ease tension by providing reassurance. Don't punish him for the loss of control. Staying patient, understanding, and calm is the best way of dealing with regressions, which usually go away by themselves in a short time.

When should I expect my child to stay dry at night?

Staying dry while sleeping usually comes several months after daytime control is established, but some normal children, especially boys, take longer to achieve dry nights. The best way to handle night wetting is to be patient and wait for the child's bladder to mature. Punitive methods are definitely harmful: don't punish or shame a bed wetter. Instead, praise your child for any dry nights he may have; make no comment about wet beds; and express your confidence that he will be having more dry nights as he grows older.

When should I start to worry about a "late bloomer"?

If your child has not achieved daytime control by three and a half to four or is not making progress in controlling night wetting after age five, it is wise to consult your physician to rule out any physical causes, and then a child psychologist to help the child overcome the difficulties.

What parental attitudes and behavior will most encourage successful toilet learning?

Psychologists say that parents whose children learn to use the toilet most easily are calm and patient and show a matter-of-fact attitude toward toilet-teaching; communicate clearly what behavior is expected of the child; anticipate gradual, rather than instant, success; do not use negative tactics like punishment, scolding, or shaming; observe the child and try to wait until he expresses interest in toilet learning; encourage and praise the child for successes and are understanding about failures; switch from diapers to pants when the child is ready; are not hesitant but send a clear message that they have confidence in their child's ability to learn. ◉

Joanna Cole is a free-lance writer who often writes for and about children and the author of "The Parents™ Book of Toilet Teaching," from which this article is adapted, to be published by Ballantine

Read-Aloud Books for Toilet Learners

Here is a selection of toilet-teaching books that should prove enjoyable and helpful for parents and toddlers alike.

No More Diapers! by Joae Graham Brooks, M.D., and members of the staff of the Boston Children's Medical Center; illustrated by John E. Johnson (Delacorte Press/Seymour Lawrence; paperback, $6.95).

A simple, clear explanation of what toilet-teaching is all about, told twice—once with a little boy as the main character and once with a little girl. The authors' reassuring introduction offers parents some helpful suggestions for keeping toileting relaxed.

Toilet Learning: The Picture Book Technique for Children and Parents by Alison Mack; illustrated by George C. Phillips (Little, Brown and Company; $8.95)

This two-part book stresses children's readiness for toilet learning. Part 1 is written for parents and provides the background information needed to help you decide when your child is ready to begin using the toilet. Part 2 is an illustrated step-by-step guide to toilet learning for you to read to your child. It shows exactly what's expected of him during this process and is designed to help you determine his readiness for toilet learning based on his interest in and understanding of the text and pictures. Also included for parents is a page-by-page commentary on Part 2 that will help you enhance its presentation to your child.

The Toddler's Potty Book by Alida Allison and Paula Sapphire (SC Productions, paperback, $3.95).

Although the illustrations are not as realistic or accurate as they might be (the sex of the child portrayed is ambiguous and a variety of animals and birds hover around the potty), the main focus here is on a toddler's pride in being grown-up enough to use the potty. The buoyant, confident tone of the young narrator should appeal to children attempting to master the same achievement.

Once Upon a Potty by Alona Frankel (Barron's Educational Series, Inc., $3.95)

One little boy's mother tells how her son learns to use the potty. When reading this book out loud, some parents may prefer to substitute other terms of their choice for the "wee-wee," "pee-pee," and "poo-poo" used in the text.

The kind of potty illustrated is not widely used in this country and may be unfamiliar to many parents and children. However, the bold graphics and bright colors used will surely catch a toddler's eye.

—Alice Siegel

TV: WHEN TO TURN IT ON—AND OFF

Tips for making viewing a positive experience for the whole family

Judy David, Ed.D.

Dr. David is a member of the Research Division, Bank Street College of Education. She is co-author with Ellen Galinsky of The Preschool Years.

7:00 A.M.: Jimmy Dobbins, four, and his sister, Susie, seven, are glued to a TV cartoon while their mother and father prepare breakfast and get ready for work.

7:10: Jimmy protests getting dressed; he's afraid he'll miss a few minutes of his favorite show.

7:20: Susie resists eating breakfast for the same reason.

7:30: The children squabble over which program to watch next. When their mother threatens to turn off the TV, the arguing escalates. Totally exasperated, Mrs. Dobbins asks her husband, "Should we get rid of the TV?"

Many parents ask themselves the same question. Can The Box be controlled, or is it destined to run the family's life?

The answer: Of course it can be controlled and used as a positive learning experience for the entire family. Here's how:

WHAT TO WATCH

Programs for toddlers and young preschoolers should have parent-like figures (such as Mr. Rogers or Captain Kangaroo), animals or puppets, and a slow pace. Shows should draw a clear distinction between fantasy and reality, because the minds of young children often blur the real and imaginary. For this important reason, cartoons are not a good idea for a youngster's first TV experience.

In general, look for shows that stimulate play. After a nature program, one three year old played a fox by building a burrow of blocks and gathering her stuffed animals around her. Shows that stimulate superhero play may be acceptable if aggression is under control.

Educational programs emphasizing consideration and sharing offer worthwhile messages. Research shows that programs like *Sesame Street* help children learn to recognize letters and numbers. For four and five-year-olds, cartoons and adventure programs are appropriate and appealing. Dorothy and Jerome Singer, co-directors of the Yale University Family Television Research and Consultation Center, recommend fairly realistic cartoons that involve groups of children helping others, building things, or engaged in not-too-dangerous adventures. They warn that preschoolers who are heavy viewers of cartoons and action adventures may imitate violence on TV and become more aggressive with playmates.

For all young children, avoid programs that are scary, overwhelming, or incomprehensible, including most news broadcasts. Young children may decide the world is dangerous and threatening if the news focuses on tragedy and war. After seeing a report of neighborhood robberies on the news, one six year old feared the "burglars would come." Many parents limit their own news-watching until children are in bed.

Grade-school children may show interest in adult programs, especially situation comedies about families. Be alert for stereotypes (the mother is deferential, the father foolish); select shows with likable and realistic characters who respect each other. Avoid shows that glamorize drug-taking or make explicit sexual references. If your children are viewing grown-up fare, take the time to watch with them. That way, you can clarify and discuss the material.

Each child reacts differently to TV. Aggressive children are more likely to be influenced by violence than calmer children. A fairy tale that delights one five year old may cause nightmares for another. Watch your children's reactions and don't hesitate to shut off the TV if a child seems frightened by what he or she is watching.

Once you decide what your children may view, make your reasons clear: "We're watching a special about lions because you were so interested in them at the zoo." Also explain why you are *not* watching a show: "There's too much fighting. People can settle their differences in better ways."

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HOW MUCH TV SHOULD CHILDREN WATCH?

Preschoolers, on average, watch four hours a day and older children slightly less. The American Academy of Pediatrics suggests a maximum of one to two hours a day for all children.

Some parents ask, "Why so little TV?" The answer is simple. Time spent in front of the TV is time away from other learning experiences. Young children learn by *doing* and *playing*. As they construct with blocks, draw, or play "make-believe" with friends, children make discoveries and build concepts. TV is primarily passive. Even when it prompts a child to name a letter, it is still passive. The child's response, right or wrong, completed or not, makes no difference in what follows on screen.

THE CASE AGAINST TOO MUCH TV

Heavy viewers tend to do worse in school than light viewers. Patricia Greenfield, Ph.D., author of *Mind and Media*, concludes that TV's fast pace promotes impulsive behavior and an inability to persist with tasks. As a result, children who watch too much TV may not develop the skills necessary for learning in school.

TV also keeps a child from engaging in physical activities—and because children sitting in front of a television tend to snack, heavy viewing may promote obesity.

TV may also interfere with reading. In one study, children in a Canadian town without TV scored higher on reading tests than children with TV. When TV was introduced into the first community, reading scores dropped. If the Singers of Yale had their way, children would watch no TV until their reading habits are well established, for their research indicates that minimal TV viewing in the preschool period (combined with a stimulating, nonpunitive home environment) is the best predictor of good reading comprehension in primary school.

WHAT CAN YOU DO TO CUT BACK?

1. Set limits and make them clear. Say to younger children, "You can watch for an hour—that's two short shows." Set a timer to signal when to turn off the set. Delay TV for older children until homework or chores are done. Some families require children to write out a weekly TV schedule to encourage thoughtful choices.

2. Plan other activities. When researcher Gregory T. Fouts asked Canadian youngsters, six to 14, why they watched TV, 88 percent said because they were bored.

3. Involve your children in reducing TV time. Ask, "What are some other things you'd like to do?" and follow their suggestions.

COMMERCIALS—THE GIMMES

Saturday-morning and after-school programs expose children to more than 20,000 commercials a year. Many programs feature their own toy products and hook children by building an entertaining story around the items. The American Academy of Pediatrics cautions against such shows because youngsters cannot distinguish a story from a sales pitch.

To help your children become consumer-wise:

1. Explain the purpose of commercials—that they're designed to persuade you to buy something.

2. Explain how special effects make things bigger and more appealing.

3. Ask older children to keep a chart of commercials. Discuss how programs advertise different products depending on who's watching.

HOW TO CREATE POSITIVE VIEWING

1. View as a family and discuss what you see. Ask, "Which characters did you like most or least?" "What do you think will happen next week?" After an actor, killed on one show, reappeared on another, a five year old told her mother, "See, he got undead." Explain that TV stories are like play.

2. Turn on the TV only when someone is actively looking. Remember that younger children see what older siblings are watching.

3. Avoid using TV as a baby-sitter.

4. Be aware of how you use TV to relax. At the end of a busy day, parents and older children sometimes flip on the set to wind down. Young children may find this a good time to snuggle and be close to you. Such intimacy is important, but be sure programs are suitable for all of you.

5. Examine your own viewing habits. Research indicates that if parents watch a lot of violence, their children do too.

6. Build on the positive aspects of TV. Help younger children recognize letters, words, and numbers to build prereading skills. Encourage older children to watch shows about science, the arts, other cultures. Let TV bring the remote and unfamiliar into your home.

7. Let TV enrich your children's capacity for make-believe. Suggest they play out stories or fairy tales they see on television.

8. Make a special program an event for the entire family. One family had a picnic in front of the televised Olympics.

9. Use TV as an opportunity to teach cooperation. Decide together on a fair resolution of conflicts over what to watch.

10. If you have a VCR, tape your children's favorite programs to enjoy over and over and when nothing suitable is showing.

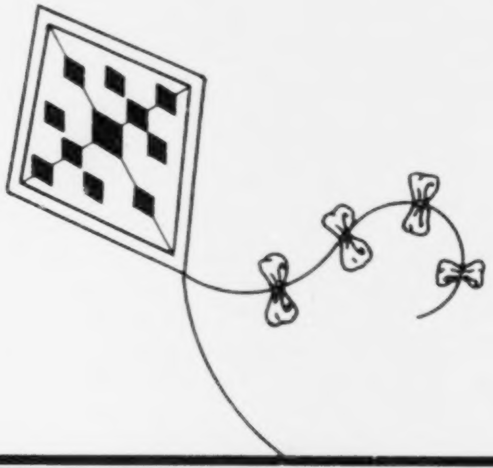
BECOME AN ADVOCATE

You can exert a powerful voice on behalf of the positive potential of TV by joining Action for Children's Television (ACT), 20 University Rd., Cambridge, Mass. 02138, or National Coalition on TV Violence, P.O. Box 2157, Champaign, Ill. 61820. Support bills before Congress that call for greater regulation of children's programming. Call or write your local stations to praise or criticize their programming. When you encourage your children to do the same, you help them become responsible users of the medium.

Helping Children Love Themselves And Others

For many of America's newborn through school-age children, family day care is a friendly place to be. Many of these children spend about 50 or 60 hours a week with us, usually in the same neighborhood. We often come from the same racial, ethnic, and social backgrounds.

Parents and providers generally share similar values. And all of us want to do our best for children. We want them to lead happy, productive lives.



Children learn about themselves and others

Many of us—parents and family day care providers—grew up with biases and stereotypes about people who were seen as different from us. Some of us picked up these ideas from our neighbors, from TV, or from things we heard in school. Most prejudices get started because people don't know each other very well.

We may not mean to, but we often pass on our biases and stereotypes to children. We don't purposely display these harmful attitudes. Sometimes what we do may not even appear to hurt others. But prejudice happens all the time, without giving it a second thought. Even when a woman is pregnant, the stereotypes and biases begin. A baby who kicks a lot will surely be a boy, thinks a mother. Or a father has grand ideas about dressing his daughter in frilly dresses.

Babies and toddlers begin to pick up on how we treat other people. They see the Thanksgiving pictures of Indians in headdresses. They get used to a few familiar foods. They hear when a child is called *bad*. They notice how fidgety you get when a white-haired woman struggles with her change at the grocery store.

From common happenings such as these, children are learning that differences exist, and some seem strange. It is just one step further to say that unfamiliar differences are bad or inferior.

By preschool age most children have taken that extra step. They have learned biases and stereotypes. All they had to do was watch and listen. In school, they see that some children are assigned to groups, thinly disguised with names such as Bluebirds or Rainbows. Children tease each other about how they dress, or refuse to play with a child who "walks funny." They see TV shows that make people look stupid or lazy.

They overhear our conversations. Our remarks may appear to be innocent. Jokes may sound funny. But the message we give to children is clear: "One group is more valuable than another."

> The more children hear that some groups are more valuable than others, the more they believe that it's true.

Put together, these messages eat away at how children feel about themselves and others. The more children hear that some groups are more valuable than others, the more they believe that it's true.

Children are caught in a trap either way. If they are part of the favored group, they are under pressure to go along with the negative biases and stereotypes about all the other groups. Children who are in the

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group that is looked down upon feel worthless. Either way, children miss out on learning how to love themselves and others.

Today's children will pass on stereotyped and biased ideas about people to their children, too, unless we help them learn to value people's differences. The world has already changed from the one in which we grew up. It will be different still for the young children now in our care. They will be young adults early in the 21st century, ready to vote, become parents, and hold jobs. A few years later they will be our mayors, our school board members, and our national leaders.

Cooperation, sharing, equality, diversity. All are essential if we are to live in harmony with each other, or even to survive. It's a big responsibility, preparing children for the future. The only way we can carry out our commitment to children is to make sure they grow up to appreciate themselves and other people, no matter what their culture, sex, age, or abilities. We can do this every day in our words and in our deeds.

Where family day care providers fit in

An important first step in creating an anti-bias, multicultural family day care program is to look within ourselves. What attitudes did we learn from others? How do we act around people who are different? What messages do we send to children about themselves or others?

A good place to begin to look at our attitudes is in our own childhoods. Perhaps you got messages like these when you were growing up:

- Girls don't sit like that.
- Big boys don't cry.
- Girls are quiet and helpful around the house.
- Boys fight and join sports teams.

As children, we learned how boys and girls were expected to behave from parents and teachers. They decided who did "women's work" and who did "men's work."

In the same way, we picked up attitudes toward other people. Many of us grew up in neighborhoods or went to schools where everyone had the same backgrounds. Perhaps your school was mostly black, or your neighborhood was mostly Jewish or Italian.

Most of us learned to fear or hate people we never even had a chance to know. Maybe you were afraid of older people. Or maybe you used mean names such as *spastic* or *retard* or *Pollock* to joke about people. Perhaps you worried that if you touched someone with a different skin color you would get dirty.

Many of our biases come from stories or traditions that are passed down to children. Think about the messages your family, teachers, friends, and other experiences gave you. Try to remember what you heard on the radio or read in books. How did these experiences affect your thinking about yourself and other people?

Another way to look at how our biases evolved is to remember who our heroes and heroines were when we were children.

- ▲ Who were the people you looked up to?
- ▲ How did you see yourself as like them? How have you changed?
- ▲ If you are a woman, were you directed toward feminine role models and heroines such as ballerinas, nurses, teachers, good fairies, or your mother?
- ▲ If you are a man, were your role models and heroes more aggressive, such as athletes or your father?
- ▲ Were you encouraged to see the value in role models of different races or abilities—or just your own?

Most of us have room for improvement in our attitudes and behaviors. But changes do not happen overnight, either within ourselves or with children. It's hard to push ourselves to grow and learn. But we must do it in order to be more effective role models for children.

> The most important thing we can do as family day care providers is to build children's self-concepts.

The most important thing we can do as family day care providers is to build children's self-concepts. We can help children feel strong, and capable, and lovable. We can encourage children to appreciate differences among people. Our small steps will lead to a better world for all of us.

Your Family Day Care Environment

Family day care with an anti-bias, multicultural approach has its own warm, caring look and feel. Parents and children alike will notice that your family day care environment sends these key messages to children:

- I am important.
- My family is valuable.
- My heritage is important.
- I am a welcome member of this group.
- I can express my feelings and ideas.
- I can feel safe when I try new things.
- I am competent.
- I can get help when I need it.
- I am treated fairly.

Anti-bias attitudes and appreciation of different cultures gives children greater skills to figure out just who they are. Children learn to relate to and respect others. As a result, they are free to follow many possible paths as they grow.

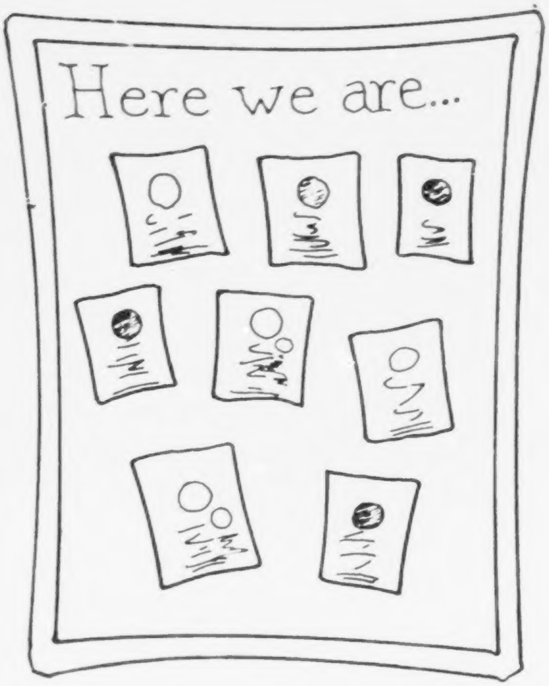
There are many ways to create this type of environment. One way is to choose play materials and equipment that support your key messages. Books, videos, puzzles, and games all contain messages.

Look at the toys you have on hand—those out for the children or stored in your closets—with your goals for children in mind. Do you pick up stereotypes or other signs that take away from your key messages?

Keep in mind that children learn from what is **MISSING** as well as from what is there. For example, all of the storybooks might picture only Caucasian characters or only families with mother, father, and children. Some children may get the idea there is only one "good" way to be.

Each time you choose new materials, carefully check them for messages—hidden or obvious. Be creative about where to find items. Yard sales might be a rich resource. Many companies now stock more of these materials (see the list of companies on page 123).

Here are some ideas to help you find ways to include your key messages in all of the hands-on parts of your program.



Display items

Pictures are all around! You probably have a room, a wall, or even a door in your home where photographs, pictures, and posters get lots of attention. Pictures can be taped or glued to shelves to show children where the toys or dress-up clothes go. Make your own photograph books with sturdy paper, covered with clear adhesive paper to protect them.

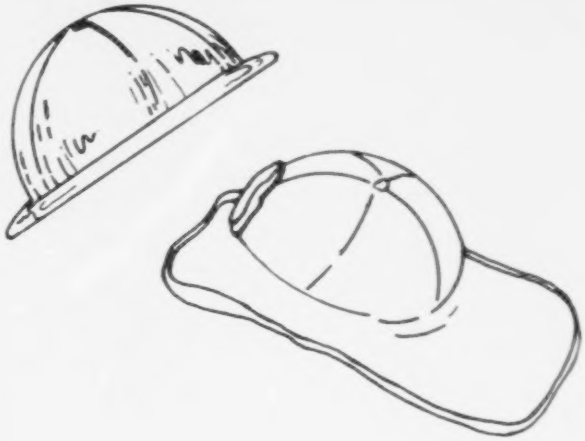
Pictures are a great way to introduce children to people of various cultures. When children see family groups or their homes, a budding friendship forms. New faces and new foods become familiar.

Themes, such as community workers, take on new life through pictures. We rely on so many workers to keep us safe and happy: librarians, telephone installers, carpenters, mechanics.

All items you display should reflect the cultures of the children in your group as well as non-biased attitudes in general. They should depict:

- ▲ **A balance of males and females.** Show men and women doing tasks at home, at work in many different jobs, and at play. For example, be sure your pictures show both women and men who hug or bathe a child, are doctors, firefighters, factory workers, or plumbers, and play games with children.
- ▲ **Children and adults from many racial and ethnic groups.** Show people doing similar things. They might ride bicycles, buy groceries, or read books.
- ▲ **People wearing a variety of clothing from different cultures.** Watch that pictures show clothes people wear every day, as well as what they dress up in for special occasions. How rare it is for any of us to wear ball gowns or tuxedos!
- ▲ **Different hair textures, skin shades, and facial features.** Photos are better for this purpose than drawings. Artists often exaggerate how people look.
- ▲ **People of all ages, including older people.** Include older people who are both active and less able, and all ages together.
- ▲ **Different kinds of families.** Choose a variety of two-parent, stepparent, single-parent, grandparents as primary caregivers, interracial, gay, or lesbian families.
- ▲ **Adults with physical disabilities in many settings.** Show parents, teachers, and other workers with disabilities. Find photos of adults and children (some with visible disabilities, others without) doing everyday activities such as getting into a lift-equipped van, entering a building, or playing.
- ▲ **Famous people from different cultural groups and/or with disabilities.** News or sports magazines may be a good source.
- ▲ **Photographs of the children in your group and their families.** Ask new children to bring a picture of them with their family on their first day. Update your gallery with new school pictures and regular snapshots.

Watch your picture collection grow. Search in flyers that come in the mail. Page through magazines and catalogs. Calendars have great photos—ask parents to save their old ones for you. Frame each shot with construction paper. Soon you'll have enough to change pictures often, or to exchange with other providers.



Dramatic play

Young children love to act out family, travel, store, or work scenes. They play anywhere—the kitchen, nursery, play area, or backyard. Help children dress up in front of a full-length mirror. See how they fix a meal with a play stove, refrigerator, and sink. Join the campers in their tent under a table.

This type of play should be encouraged for many reasons. When children take part in dramatic play, they learn to:

- Express feelings
- Compromise
- Solve problems
- Make decisions
- Try out new roles
- Talk with each other
- Take turns
- Experiment
- Practice roles they know

Children watch people—you, their parents, other children, whoever they see. Pretty soon, they realize there is more than one way to view a situation. They test out new ideas among friends.

The props you provide set the stage for their play. If you want to stress a theme, perhaps fire safety, choose related props.

You could give children the chance to set up their own fire station. Rubber raincoats, boots, pieces of hose, toy fire trucks, fire hats, a telephone, and a bell are plenty to get them started.

As the children play, emphasize that all children can be firefighters when they grow up. Encourage the children to listen to each other's ideas about how to put out the fire. If children are interested, help them learn the number to call to report a fire.

Sometimes you might need to get involved to keep the children's play moving along or even to generate their interest.

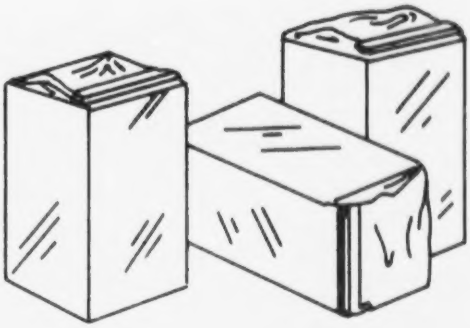
Are some children just bystanders? You might join in the play by calling on a toy phone to ask for more firefighters. (See Community Workers in the Activity section for more dramatic play themes and prop box ideas.) The bystanders will soon be rushing to the fire.

The wider the variety of props, the more possibilities for children's play. Children can try out ways people eat, dress, play, get around, care for children, and work at a variety of occupations. Children may need to be told about some possible uses for any new props.

Definitely include items from each of the cultures represented in YOUR group and community. Ask parents to donate or lend cooking utensils, dress-up clothes, and food packages specific to their cultures.

Yard sales are a good source for new props, too. Pool resources with other providers to expand your collections.

Before long, you'll have more props than children can use at one time. You'll want to put out just a few props in the children's play area. Store the others in marked cartons. Rotate them every few days to keep children's interest at a peak.



Blocks

Wooden unit blocks, hollow wood blocks, cardboard blocks, or sturdy blocks homemade from milk cartons provide many hours of play. Blocks are expensive, but with a bit of care they last forever. Children learn all kinds of things from blocks, too, so your investment is well worth it.

Children need space to build. Plain floors are fine. Carpet keeps the noise down, but pick a kind with a very tight surface so blocks stay upright. Choose an area near the dramatic play props, but out of the way of traffic. You'll find the two areas mix nicely for many types of play.

You might add these block-play props:

- Multiethnic wooden figures of several family members and workers

These are some props for dramatic play you may want to gather

a tortilla press (make real tortillas, too)
coins from other countries
baskets
chopsticks
ties
gourds
small flags
fans
jewelry
eyeglasses (with lenses removed)
washable fabric to create clothes and hats

magazines printed in different languages
wok
toolbox
veils
crutches
canes
uniforms
work shirt
briefcase
small suitcase or tote bag
cardboard cartons to decorate

- Toy vehicles such as a car, truck, sled, bulldozer, bicycle, ambulance, wagon, tractor, motorcycle, or bus
- Traffic signs, paper, markers
- Small animal figures

In the block area, you could post photographs of:

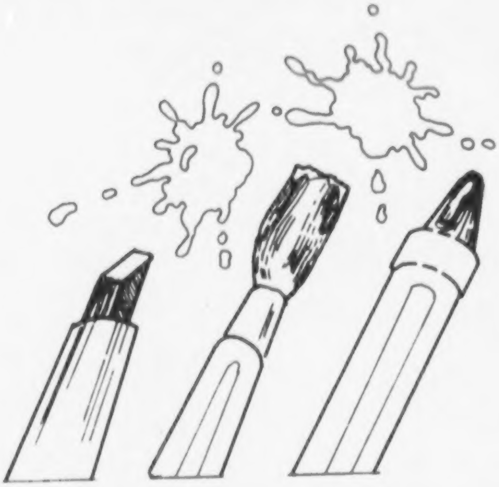
- Female as well as male construction workers
- Different kinds of buildings
- Outdoor scenes from farms, forests, deserts, villages, suburbs, and cities of different countries

Dolls and puppets

Dolls, puppets, and related props are part of every family day care program. Choose both boy and girl dolls whose bodies look like real children. Make sure your dolls really represent different ethnic groups. Round out your collection with puppets who have different skin shades, clothing styles, and abilities.

Doll props might include a high chair, stroller, crib, and cradle. A back carrier, doll clothes, eyeglasses, mats for sleeping, and clothes for swaddling are good accessories.

Puppets are fun to use any time. Talk to a child. Tell a story. Sing a song. School-age children may have grand ideas. Encourage them to write their own script. Provide cardboard boxes or a table on its side for a stage. Let their imaginations go to work on the curtains, the set, and the costumes. Use books or pictures to find out what types of clothing, houses, or trees are common in the area where the play takes place.



Art supplies

Most paints and crayons provide a tiny range of skin or hair colors for the people children draw. Search for several shades of black and brown crayons, felt tip markers, paints, and paper.

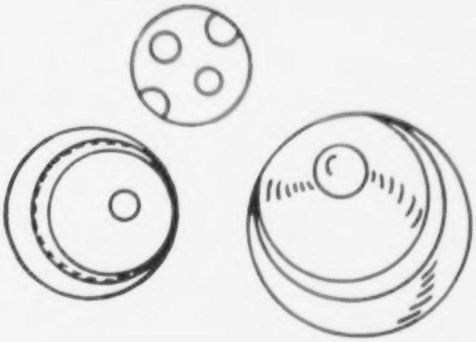
Dilute food colors with a bit of water. Give children eye droppers and see what fun they have mixing their own colors. You and the children can make your own dough clay (see recipe, page 36). Make it whatever color you want.

Children like to sort, compare, match, and contrast colors. Use paint store samples for an economical selection. Collect wallpaper, floor covering, or fabric sample books.

It's a good idea to display two types of artwork:

- ▲ Creations made by the children in your group from various cultures. Each drawing or painting should be the child's own, from start to finish.
- ▲ A few prints or samples of artwork done by a variety of artists. Not to copy, just to enjoy.

These displays help children appreciate the wide variety of styles and materials used by artists all over the world.

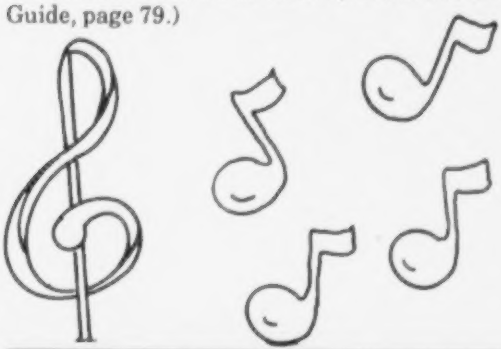


Toys, games, and puzzles

Toys such as LEGOs™, Bristle Blocks™, Tinker Toys™, pegboards, table blocks, riding toys, and balls are for ALL children. Encourage girls and boys to try out all of the toys. Keep small parts away from babies and toddlers.

Check lotto games, dominoes, card games, and board games. Watch for stereotypes or demeaning images: old maids or Indian chiefs with tomahawks, for instance. You may be able to substitute cards or paste new pictures over the old ones. Throw away the others.

Puzzles, too, should be nonracist and nonsexist. Make or buy puzzles that show people with physical disabilities, people of different ages, and men and women in nontraditional roles (see the Resource Guide, page 79.)

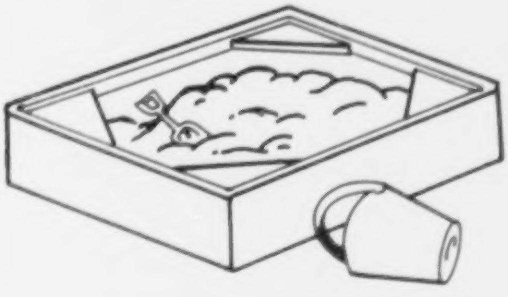


Music

Play different kinds of music from countries all over the world. Children can listen, dance, or sing. Seek out the words to songs in many languages, including sign. Parents may enjoy teaching some of their traditional childhood favorites to your group.

You and the children can construct instruments from many cultures (see Instruments, page 37). Borrow instruments from parents or friends. Demonstrate and perhaps allow children to try them.

Music is one area where TV can be valuable. Read listings to find musical performances—at no cost—from many parts of the world. Children can watch and listen as long as they are interested.



Outdoor play area

Indoors or out, encourage girls and boys alike to use the balls, jump ropes, hoops, scooterboards, tricycles, and climbing equipment. **Make sure children wear play clothes that won't get tangled during active play.**

Praise children—girls and boys—for what they try and what they do when they climb up high, swing, throw balls, or pull wagons.

- "You were really steady to balance on the beam."
- "What strong muscles it takes to pull yourself up."
- "Your ball went round and round, on its way to Alicia."

Books

Use the "10 Quick Ways to Analyze Children's Books for Racism and Sexism" (page 24) as your guide. Take a close look at every book for children. Keep these points in mind when you visit your library or buy a new book.

The Annotated Bibliography of Children's Literature in this book offers many suggestions. You can purchase a few of the children's favorite books. Borrow others from the library to keep your selection varied. Talk with the librarian about your recommendations for new purchases.

10 Quick Ways to Analyze Children's Books for Racism and Sexism

1. Check the illustrations

Look for stereotypes. While you may not always find blatant stereotypes, look for variations which demean or ridicule characters because of their race or sex.

Look for tokenism. If there are racial minority characters, do they look just like whites except for being tinted or colored in?

Who's doing what? Do the illustrations depict minorities or females in leadership and action roles?

2. Check the story line

Standard for success. Is "making it" in the dominant white society projected as the only ideal? In friendships between white and non-white children, is it the child of color who does most of the understanding and forgiving?

Resolution of problems. How are problems presented, conceived, and resolved in the story? Are minority people considered to be "the problem"?

Role of women. Are the achievements of girls and women based on their own initiative and intelligence? Could the same story be told if the sex roles were reversed?

3. Look at the lifestyles

Are minority persons and their setting depicted in such a way that they contrast unfavorably with white middle-class suburbia? If the illustrations and text attempt to depict another culture, do they go beyond oversimplifications and offer genuine insights into another lifestyle? Watch for the "quaint-natives-in-costume" syndrome.

4. Weigh the relationships between people

Do white males possess the power, take the leadership, and make the important decisions? How are family relationships depicted?

5. Note the heroes

Minority groups today are insisting on the right to define their own heroes (of both sexes) based on their own concepts and struggles for justice. Ask this question: "Whose interest is a particular hero really serving?"

6. Consider the effects on a child's self-image

Are norms established which limit any child's aspirations and self-concept? Is there one or more persons with whom a minority child can readily identify to a positive and constructive end?

7. Consider the author's or illustrator's background

What qualifies the author or illustrator to deal with the subject?

8. Check out the author's perspective

Read carefully to determine whether the author's perspective substantially weakens or strengthens the value of his/her written work.

9. Watch for loaded words

A word is loaded when it has insulting overtones. Examples of loaded adjectives are "savage," "primitive," "lazy," and "backward." Look for sexist language and adjectives that exclude or ridicule women.

10. Look at the copyright date

Not until the early 1970s has the children's book world begun to even remotely reflect the realities of a multiracial society. Nonsexist books, with rare exceptions, were not published before 1973. A recent copyright date, of course, is no guarantee of a book's relevance or sensitivity.

Adapted by permission from The Council on Interracial Books for Children, 1841 Broadway, New York, NY 10023. Copies of the complete pamphlet are available: 10 for $2.95 (prepaid) from CIBC.

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Further Resources for Family Day Care

THERE ARE MANY WORTHwhile books, articles, magazines and newsletters you can read if you want to learn more about child care - but this doesn't mean that you have to spend a lot of money building your own library! Use your local child care resource and referral agency and your public library, and contact the agencies listed here - they often provide resources for free or low cost.

For further training and workshops, stay in touch with your child care resource and referral agency, your area family day care association and your community colleges. Both credit and noncredit courses and workshops may be available near you for a very low cost.

Magazines

Family Day Caring. Redleaf Press, 450 N. Syndicate, Ste. 5, St. Paul, MN 55104. A national source of ideas and support for providers.

Family Daycare Exchange of Information and Ideas. Publications Distribution, Cooperative Extension Service, Ames, IA 50011. Newsletter series on family day care topics.

Home Caring. Welch Group Publications, P.O. Box 8241, Bossier City, LA 71113-8241. A quarterly newsletter specifically for family day care providers.

On the Capitol Doorstep. 926 J St., Rm. 717, Sacramento, CA 95814. A monthly publication which summarizes the major state legislation and regulations which affect children in California.

Parent and preschooler. Preschool Publications, Inc., P.O. Box 1851, Garden City, NY 11530-0816. A monthly newsletter for parents and professionals who work with children from 1 through 6. Main article is translated into Spanish.

Pre-K Today. Scholastic, Inc., P.O. Box 54813, Boulder, CO 80322-4814. A magazine for early childhood professionals with "Parent pages" article translated into Spanish. Published 8 times annually.

School Age Notes. P.O. Box 120674, Nashville, TN 37212. A newsletter especially for those who care for school-age children.

Texas Child Care Quarterly. Corporate Child Development Fund, 4029 Capital of Texas Highway South, Ste. 102, Austin, TX 78704-7902. A quarterly magazine for caregivers.

The NEW National Perspective. A bimonthly newsletter of the Natl. Assoc. for Family Day Care (NAFDC). (See "California and National Organizations" listed in this section).

Totline Newsletter. Totline Press, P.O. Box 2255, Everett, WA 98203. 800/334-4769. An activity newsletter for family day care providers. Published six times a year.

Wee Care For Kids. P.O. Box 217, Creston, CA 93432. A bimonthly for family day care providers.

Young Children. The journal of the Natl. Assoc. for the Education of Young Children (NAEYC)

20009-5786. (See "California and National Organizations" listed in this section).

Many local family day care associations, child care resource and referral agencies, and cooperative extension services publish newsletters, too. Check with them for details.

California and National Family Day Care Associations

California Federation of Family Day Care Associations, Inc. Ernestine Blachard, 921 Diamond Dale, Carson, CA 90746. 213/770-0707.

Family Day Care Association of California. Majorie Danforth, 4721 Wall Ave., Richmond, CA 94804. 510/234-3007.

National Association for Family Day Care (NAFDC). 725 15th St., N.W., Ste. 505, Washington, DC 20005-2109. 202/347-3356. An organization founded by and for family day care providers which aims to promote high quality care, eliminate isolation among providers and advocate for public policy changes. Members regularly receive information on important new issues in family day care such as legislation, insurance and the Child Care Food Program. In 1988, NAFDC initiated an accredita-tion program for family day care providers. Sponsors a bi-annual national conference. Member-ship includes facts sheet and the bimonthly newsletter *The NEW National Perspective*.

Northern California Family Day Care Providers Association. Siubhan Stevens, 957 Glenridge Dr., San Jose, CA 95136. 408/266-9206.

California and National Organizations

Bank Street College. 610 W. 112th St., New York, NY 10025. 212/222-6700. Publishes many books, articles, audio-visual resources on early childhood education subjects.

California Children's Lobby. P.O. Box 448, Sacramento, CA 95802. 916/444-7477. Nonprofit organization dedicated to protecting and improving the lives of children in California. Maintains various Policy Boards, including one on Child Development. Membership includes *The Cryer*, a monthly newsletter on legislative issues affecting children and families.

California Child Care Resource and Referral Network. 111 New Montgomery St., 7th Fl., San Francisco, CA 94105. 415/882-0234. This statewide agency represents the 65 state-funded resource and referral agencies throughout California. Produces many family day care resources in English and Spanish for the "California Child Care Initiative" - a project to increase the supply and quality of child care through the recruitment and training of family day care providers.

California School-Age Consortium (CSAC). 111 New Montgomery St., #302A, San Francisco, CA 94105. 415/957-9775. A statewide organization developed to address the needs of providers who care for school-age children. Provides training, advocacy, and technical assistance to its members and hosts an annual conference. Membership includes quarterly *CSAC Review* newsletter. Publication list available.

Child Care Action Campaign. 330 7th Ave., 17th Fl., New York, NY 10001. 212/239-0138. A coalition of leaders from a wide range of organizations who have joined together to inform the public about the child care crisis in this country and about possible solutions. Membership includes fact sheets and a bimonthly newsletter.

Child Care Employee Project. 6536 Telegraph Ave., Oakland, CA 94609. 510/653-9889. Resource and advocacy organization for child care providers concerned with their rights, working conditions and wages. Publishes a quarterly newsletter. Publication list available.

Child Care Law Center. 22 Second St., 5th Fl., San Francisco, CA 94105. 415/495-5498. Legal services on child care related issues for providers in California. Also provides legal education and focuses on policy development and advocacy. Publication list available.

Child Development Associate (CDA) National Credentialing Program. 1341 Connecticut Ave., N.W., Ste. 400, Washington, DC 20005. 800/424-4310. Previously available only to centers, family day care providers can now receive a competency-based CDA credential from this program, available in English and Spanish. Scholarships are also available.

Children's Defense Fund. 25 East St., N.W., Washington, DC 20001. 202/628-8787. Nonprofit organization which works in the interest of and lobbies for the children of America, with special emphasis on the needs of poor, minority and handicapped children. Publishes *CDF Reports*, a monthly newsletter for members. Publication list available.

Children's Foundation. 725 15th St., N.W., #505, Washington, DC 20005. 202/347-3300. An organization which supports family day care providers through resources, technical assistance and its National Family Day Care Advocacy Project. Publishes a quarterly newsletter, *The Family Day Care Bulletin*, and a directory of family day care associations. Publication list available.

E.R.I.C. College of Education. University of Illinois, IL 61801-4897. 217/333-1386. Clearinghouse on elementary and early childhood education materials. Computerized lists of available articles and manuscripts on child care, child development, training and education. Produces one-page handouts on various child care issues.

Frank Porter Graham Child Development Center. 300 NCNB Plaza, 322A, Chapel Hill, NC 27514. Research institute affiliated with the University of North Carolina at Chapel Hill. Written and audio-visual materials on various aspects of child care and child development. Developed the "Family Day Care Rating Scale" and is presently working on the "Family Child Care Quality Criteria."

National Association for the Education of Young Children (NAEYC). 1834 Connecticut Ave., N.W., Washington, DC 20009. 800/424-2460. A national professional association for all child care professionals. Composed of a network of over 200 local, state and regional affiliate (AEYC) chapters dedicated to presenting a voice for children and the needs of the membership. Membership to NAEYC includes the monthly magazine, *Young Children*, and discounts on the many books, posters and resources NAEYC produces. A large national conference with thousands of participants is held every year. Local AEYC chapters throughout the country also hold conferences and publish newsletters. Publication catalogue available.

National Black Child Development Institute. 1023 15th St., N.W., Ste. 600, Washington, DC 20005. 202/387-1281. A national nonprofit charitable and educational organization established to improve the quality of life for black children and youth. Affiliate groups exist all over the United States. Members receive *Black Child Advocate* newsletter. Publication list available.

National Council of Jewish Women, 53 West 23rd St., New York, NY 10010. 212/645-4048. A nationwide membership organization with a history of community service and advocacy. Conducted the National Family Day Care Project, an initiative to pioneer effective roles for volunteers in supporting providers at the grassroots level in thirty communities across the country. Publication list available.

National Council of La Raza. 810 First St., N.E., Ste. 300, Washington, DC 20002-4205. 202/289-1380. The Council exists to improve opportunities for Americans of Hispanic descent. The organization is an advocate for Hispanic Americans and serves as a national umbrella organization for 128 "affiliates," community-based organizations which serve Hispanics in 25 states and the District of Columbia. Publication list available.

Public Counsel. 3535 W. Sixth St., Ste. 100, Los Angeles, CA 90020. Provides child care legal service and advocacy in southern California in association with their "Child Care Law Project." Publication list available.

Save the Children, Child Care Support Center. 1447 Peachtree St., N.E., Ste. 700, Atlanta, GA 30309. 404/885-1197. Mission of this agency is to improve the lives of children in child care, which includes working to improve the quality, availability and affordability of child care services in Atlanta, Georiga and in other areas of the country. Sponsors an annual "National Family Day Care Technical Assistance" conference each year. Publication list available.

Redleaf Press, a division of Resources for Child Caring, Inc. 450 N. Syndicate St., Ste. 5, St. Paul, MN 55104-4127. 800/423-8309. Publisher and distributor of a wide variety of materials for child care providers. Publication list available.

Wheelock College. The Center for Career Development in Early Care and Education. 200 The Riverway, Boston, MA 02215. 617/734-5200. One of the nation's leading academic institutions for professional education in the field of early care and education of children. Wheelock offers intensive seminars to local communities in the child care field.

Windflower Enterprises. 142 S. Claremont St., Colorado Springs, CO 80910. 719/520-1614. A partnership of family child care professionals and advocates who have trained providers and parents throughout the country. "Second Helping," a comprehensive advanced enrichment course designed and conducted by providers, is aimed at experienced family child care providers.

Work and Family Information Center. The Conference Board, 845 Third Ave., New York, NY 10022. 212/759-0900. Clearinghouse for information concerning interrelationships between work and family, and employer-supported child care, including family day care satellites and parent fee subsidies.

Organizations/Companies With Resources For Family Day Care Providers

Addison-Wesley Publishing Co., 200 Middlefield Rd., Menlo Park, CA 94025. 800/447-2226.

BANANAS, Inc., 6501 Telegraph Ave., Oakland, CA 94609. 510/658-1409.

Corporate Child Development Fund, 4029 Capital of Texas Highway, South, Ste. 102, Austin, TX 78704.

Council on Interracial Books for Children, Inc., 1841 Broadway, New York, NY 10023. 212/757-5339.

Gryphon House, Early Chilhood Books, P.O. Box 275, Mt. Rainier, MD 20712. 800/638-0928.

Kaplan School Supply Corp., P.O. Box 609, Lewisville, NC 27023-0609. 800/334-2014.

Lakeshore Curriculum. 1144 Montague Ave., San Leandro, CA 94577. 415/483-9750.

Morrison School Supplies. 304 Industrial Way, San Carlos, CA 94070. 415/592-3000.

Nienhuis (Montessori Equipment), 320 Pioneer Way, Mountain View, CA 94041. 415/964-2735.

Rifton (Equipment for children with special needs), Rifton, NY 12471. 914/658-3141.

Scholastic, Inc., P.O. Box 7502, Jefferson City, MO 65102. 800/631-1586.

Texas Department of Human Services, P.O. Box 2960, Austin 78769. 512/450-4251.

University Park Press, 300 N. Charles St., Baltimore, MD 21201.

Wildwood Publications, 6143 S. Willow Dr., Ste. 320, Englewood, CO 80111.